

CHEMIST & DRUGGIST

The newsweekly for pharmacy

July 2, 1994

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LEADERS IN NATURAL HEALTH CARE



**Birmingham
model milk
scheme folds**

**FHSAs stump
up £22,000 for
consulting areas**

**Bottomley gives
NAHAT a vision
of healthcare**

**Blowing away
hairecare myths**

**Update: life style
and hypertension**

**Sanofi expand
in ethicals and
shed OTC stake**

**OTCs are Boots'
'main engine'
for growth**

**Fun run sponsor
gains PR benefit**

WHEN THE QUESTION IS PAINFUL PILES THERE ARE GOOD REASONS WHY YOUR ANSWER SHOULD BE HEMOCANE

When a customer asks you to recommend an effective remedy for painful piles, HEMOCANE may not always be the first one that you think of.

However, once you've seen the evidence from a recent follow-up study based on over 14,000 new users, we think you'll have good reason to recommend HEMOCANE first.

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HEMOCANE contains five active ingredients to provide fast, effective relief from the misery of piles.

No other OTC product has this logical combination of ingredients.

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- Plus, the protective agents, bismuth oxide and zinc oxide to soothe irritation and burning as well as reducing discomfort



The HEMOCANE Evidence¹

1. The study confirmed that over 93% of new users rate HEMOCANE as better than their current haemorrhoid product.
2. The two leading reasons for liking HEMOCANE were the speed of pain relief and ease of use.
3. Over 90% of trialists rated the product as "good" or "very good" in the relief of pain and soothing of itch/burn, the two major causes of discomfort.
4. Over 90% of new HEMOCANE users say they will use it again.

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The ingredients are combined in a non-staining, odourless formulation. Available as suppositories or as a thick, non-greasy cream with its own unique applicator, making it easy and convenient to use, just where it's needed.



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So, recommend soothing HEMOCANE - not only to help with problem piles but to help ensure satisfied, loyal customers.



PRESENTATION: Hemocane is available in both cream and suppository form. Cream: Smooth, white, odourless cream containing five active ingredients: Lignocaine Hydrochloride BP 0.65% w/w, Zinc Oxide BP 10% w/w, Bismuth Oxide 2% w/w, Benzoic Acid BP 0.4% w/w, Cinnamic Acid BP 0.45% w/w. The cream is supplied in 25g & 45g tubes together with an applicator for use in the treatment of internal haemorrhoids. Suppositories: Ivory coloured 2gm torpedo shaped suppositories containing five active ingredients. Lignocaine Hydrochloride BP 11mg, Zinc Oxide BP 300mg, Bismuth Oxide 25mg, Benzoic Acid BP 8mg, Cinnamic Acid BP 9mg. The foil-wrapped suppositories are supplied in packs of 12 suppositories. **USES: Indications: CREAM:** for the effective treatment of the symptoms of internal and external haemorrhoids. **SUPPOSITORIES:** for the effective treatment of symptoms of internal haemorrhoids. **RECOMMENDED DOSAGE: ADULTS: CREAM:** Apply Hemocane Cream to the anal area as required, especially morning, evening and after bowel movements. **SUPPOSITORIES:** Use one suppository morning and night, and after bowel movements. **CHILDREN:** Not recommended. **CONTRA-INDICATIONS, WARNINGS:** Sufferers from haemorrhoids are advised to consult a doctor. If the symptoms persist or, worsen, or an allergic reaction or rectal bleeding occurs, discontinue use immediately and consult a doctor. The products are for external use only. **Pharmaceutical Precautions:** Cream: Store in a cool place. Suppositories: Store in a cool, dry place. **Legal Category:** Cream GSL. Suppositories GSL. **Product Licence Number:** Cream: PL 0255/0020 Suppositories: PL 0255/0017

INTERCARE

Intercare Products Limited, 7 The Business Centre, Molly Millars Lane, Wokingham, Berkshire RG11 2QZ.



A SANDOZ COMPANY

Reference: 1. Data on file, Intercare Products Limited.
*Only one tube of HEMOCANE per pharmacy throughout the campaign.

CHEMIST & DRUGGIST

INCORPORATING RETAIL CHEMIST
& PHARMACY UPDATE

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Comment

Let's take the worst case scenario, and Numark's plan for a retailer-owned organisation falls flat on its face, with fewer than 500 retailers plumping for shares in the "new-look" company. Although Numark has 1,500 retail members, it would take at least one-third of them to get the new group off the ground. If fewer came forward, business would carry on as usual, says Numark's Terry Norris. But what is normal? Does normal mean a once healthy stable of independent wholesalers who have, one by one, been bought by Lloyds, AAH and Unichem? But there will be other independents prepared to take their place, he protests. Take the example of Ireland's United Drug who recently stepped into vacant shoes. True, but surely it is the concentration of wholesaler ownership into fewer hands that has led Numark to change their focus in the first place? What is in store for the voluntary trading organisation?

Could they be vulnerable to further Lloyds' takeovers? Recently Lloyds have shown a keen interest in Numark's wholesale members. They bought John Hamilton last year and Daniels just last month. But what happened to the Numark shares once these wholesalers lost their Numark franchises? Although the VTO's articles of association do not force wholesalers who have lost their Numark franchise to hand back their shares, existing shareholders can vote for this option. This is what they did when Lloyds

bought Hamiltons, and Numark are exercising this option with Daniels. They are in the process of buying back Daniels Pharmaceuticals' shares as C&D goes to Press. While Hamilton's case was straightforward, the Daniels' case is not. Although Daniels (as the operation was known) was bought by Lloyds, the holding company technically remains a Numark member. But as soon as it stopped trading as a wholesaler, membership ceased — one for the lawyers to pick over.

But what of Numark's relationship with Unichem? Unichem own Bradford Chemists' Alliance and Hall Forster, and have been allowed to keep control of their Numark shares as they remain Numark members. Not only that, Unichem are offering Numark services to members in Scotland. Another regional contract is understood to be on its way. Could that possibly go to Unichem, too?

And what of Unichem's future in the new Numark, should pharmacists be convinced of the advantages in a retailer-owned organisation? Could Unichem provide all Numark's wholesaling services across the country? If so it would certainly tread on a few toes. Numark's existing independent wholesalers would not take kindly to being leapfrogged by a plc. They may be happy with "preferred wholesaler" status, but would Unichem be happy with picking up their crumbs?

Birmingham pharmacists out of welfare milks scheme

Health Authorities in Birmingham have failed to come up with a plan to save the distribution of welfare milks through pharmacies (see *C&D* April 2, p540). Some 180 pharmacists, out of approximately 260, have now tendered their resignation.

Local Pharmaceutical Committee chairman John Nicholls says pharmacists have had no alternative. "The way the HAs have gone about this is impossible."

Birmingham North and South HAs have been paying pharmacists at cost (£5.00 per tin) since last October, in the hope that a national welfare milks scheme would soon be implemented. The failure of this to materialise, coupled with delayed payment problems, has resulted in many pharmacists losing money.

The HAs did approach the Department of Health for extra funding, but the DoH's viewpoint is that "handling" costs must be met by the HA concerned.

Godfrey Horridge, financial executive at the Pharmaceutical Services Negotiating Committee, is critical of the DoH's role: "We are extremely disappointed that the DoH has not provided sufficient funding until a national scheme is under way."

Ros Hamburger, acting senior purchasing manager of primary and community care at South Birmingham HA, says negotiations with pharmacists will

continue in an attempt to reach a solution to the problem.

"But we are focusing on getting milk out to mothers," says Ms Hamburger. As a result, the HAs have used money set aside for re-investing in primary care to resurrect welfare milks clinics as a temporary measure.

In addition, some independent pharmacies, as well as Boots and the Co-op, have elected to stay within the scheme, although Lloyds will pull out from the end of this week.

This two-tier system is described by Mr Nicholls as "a mess", although he is relieved that supplies will still be available. Pharmacists will be provided with posters detailing the clinics involved.

Public support has been sympathetic and Jan Nicholls, West Midlands regional PR officer, has appeared on the local BBC Radio station to put the pharmacists' case.

• Walsall LPC is consulting its members about a proposed

increase in their remuneration on welfare milks from £5.20 to £5.35 per tin. It is believed that Walsall FHSA's offer has been deemed to be an inadequate increase given the extent of recent price rises.

LPC secretary Stephen Harts-horne says: "Originally we were quoted the cost of the milk plus a 7.5 per cent handling charge, but they never confirmed the base mark and when prices increased they never increased the handling charge accordingly."



A dinner bidding farewell to Professor Alain Li Wan Po was held recently by the Council of the Pharmaceutical Society of Northern Ireland. Professor Li Wan Po (left) was presented with an engraved Tyrone crystal mortar and pestle from PSNI president Dr William Woodside as a memento of his time on Council as a nominee of The Queen's University of Belfast. Prof Li Wan Po is moving to take up a position at the University of Nottingham

PSNI seeks election candidates

The Pharmaceutical Society of Northern Ireland is seeking nominees for six Council seats in October.

The vacancies will arise as a result of the retirement of Derek Corbett, Robert Dillon, Dorothy Graham, Thomas O'Rourke, Michael Scott and Cora Watson.

Nominees must be proposed and seconded by a member or associate and nomination papers be lodged with the secretary by 12 noon on September 5.

• The Council has announced that it is now a professional requirement to dispense solid preparations in a child-resistant container or in unit packs.

The exceptions are: specific requests by patients; patients with difficulty in opening a CRC; and original packs where this is inadvisable.

HPA Group for drug protocol

A Working Group has been set up within the Hospice Pharmacists Association to devise a protocol in dealing with unusual and emergency supply drugs in terminal care cases.

At an HPA conference last weekend, it was revealed that there are uneven provisions within the community in supplying rarely-used drugs to hospices.

Some regions have designated pharmacies which maintain supplies of specialist, and often unlicensed, drugs. These pharmacies are known to doctors and nurses in the area. However, other regions rely on a network of pharmacists to ensure adequate provision.

The Working Group will comprise HPA members from both the hospital and community sectors.

All Party Group on epilepsy

An All Party Parliamentary Group has been set up to address the poor provision of services for people with epilepsy.

The Group, set up by the British Epilepsy Association, will campaign to establish minimum standards of care and ensure that

"the quality and availability of treatment" meets the needs of people with the condition.

Raising the profile of epilepsy, reviewing the social security system and improvements in health professionals' education also form part of the Group's aims.

Improving GPs' lives

Handing the responsibility of repeat dispensing to pharmacists would improve general practitioners' quality of life, said St Andrews University health economist Dr Mo Malek at a College of Pharmacy Practice seminar on repeat prescribing.

Doctors would gain up to 50 per cent more time to spend on other tasks, such as increasing the number of patient consultations carried out, if they made this switch.

"It is illogical for doctors to complain of overwork and then not be amenable to handing over

some responsibility to pharmacists," said Dr Malek.

Also speaking at the Glaxo-sponsored seminar was the chairman of the Scottish Pharmaceutical General Council, Andrew Taylor. He pointed out that there was a lack of professional protocols for repeat prescribing schemes, as well as problems with remuneration methods.

He believed that the Department of Health should make a statement clarifying these issues, which should generate the impetus for further study.

Toxic shock warnings 'unnecessary'

Mrs Cheryl Gillan (Cons) warned in the Commons on Tuesday against causing unnecessary anxiety among women about the dangers of toxic shock syndrome from using tampons.

She claimed that a private members Bill, introduced by Ms Dawn Primarolo, Labour's shadow health minister, making it compulsory for more prominent warnings to be printed on packs, was unnecessary.

Mrs Gillan said the Association of Sanitary Protection Manufacturers had circulated a fact sheet to family doctors and included leaflets in tampon packs on a voluntary basis. She believed the warning already printed on packages was adequate.

Migrating earring fall-out

The Chemist's Defence Association's case of "the migrating earring" should serve to remind pharmacists that piercing ears, while potentially rewarding, can be fraught.

The CDA has recently closed the book on a woman who sought financial support for cosmetic surgery to her left ear lobe some eight years after piercing. She claimed the pharmacist had positioned the hole in her right ear too low, and that it "migrated" down until it reached the lobe bottom.

The edge of the lobe was frayed and would not support a stud or a clip earring without discomfort. An £800 operation was required to remedy the problem and allow the lobe to support an earring and hence meet the standard of dress required at the woman's place of work.

A consultant appointed by the CDA found the pharmacist's handiwork was not at fault and the claim has been dismissed.

Now the NPA's Business Aids Department is understood to be selling spirit levels, but has run out of corks and needles ...

Addict numbers rise 13 per cent

The number of registered drug addicts rose 13 per cent in 1993 to 28,000, a smaller increase than in previous years, according to a Home Office report.

Methadone addiction was reported in over 40 per cent of cases, which may be an indication of the expansion of treatment programmes, says the report.

Despite this, the number of deaths in registered addicts increased from 400 in 1991 to 510 in 1992. In addition, there were 1,420 drug-related deaths, of which only 350 were attributed to drug abuse.

The bulk of registered addicts reside in London and the North-West of England, although Humberside, Somerset & Avon, Norfolk and Scotland also report higher than average registration rates.

The proportion of addicts injecting has risen by 2 per cent to 56 per cent, with the largest rise recorded in those aged 21-30.

"Statistics of Drug Addicts Notified to the Home Office, UK, 1993" is available from the Home Office Research and Statistics Department, 50 Queen Anne's Gate, London SW1H 9AT.

• Some 51 children (aged under 20) died through ingestion of Controlled Drugs in 1992.

Appeal unit decision judged 'unlawful'

A Great Barr pharmacy, blocked from moving to premises just 170 yards away on the basis that it was not a "minor relocation", has won a critical victory in London's High Court.

Lloyds Chemists Retail Ltd sought permission from the

Birmingham Family Health Service Authority to move its branch at Walsall Road, Great Barr, to Tower Hill nearby.

The two premises are four minutes' walk apart, but proximity to a doctor's surgery was expected to dramatically increase

the number of prescriptions being dispensed.

Relocations within the same neighbourhood and to serve the same community are normally approved, but the company's proposed move was rejected in February 1992 on the basis that it was not a minor relocation.

Lloyds Chemists took their case to the family health services appeal unit, but the change of premises was again blocked on September 3 last year.

The company was set to seek a judicial review of the appeal unit's decision, but an announcement in London's High Court recently saved it from having to fight its case.

The judge said the appeal unit now conceded that its decision to dismiss the company's case was "perverse and unlawful" and should be overturned.

Glasgow gets audit facilitators

Greater Glasgow Health Board has appointed five part-time community pharmacy audit facilitators in what is thought to be the first initiative of its kind in Scotland.

The facilitators will be occupied with their audit role for only four hours per week. This will allow them to visit pharmacists, explaining the concept of audit and encouraging development of individual projects.

Each will be aligned to one of the five practice bases of the local Pharmacy Practice Unit and will liaise with area pharmacy specialists, the Pharmacy Audit Committee and the Area Clinical Audit Committee to ensure audit activity within general practice is promoted.

The posts, including training, are funded until the end of March next year. Project activity is scheduled to start in September.

More consultation room pilots get off the ground

Pharmacists in Croydon, Kingston and Richmond have secured funding to set up ten pharmacy consultation areas.

Both Croydon Health Commissioning Agency and Kingston & Richmond Family Health Services Authority have obtained £11,200 from South Thames Regional Health Authority to evaluate five consultation areas, up to the value of £2,000 each.

Chairman of Croydon Local Pharmaceutical Committee Andrew McCoig admits that Croydon is "piggy-backing" on the success of Merton, Sutton and Wandsworth FHSAs in securing money from the London Implementation Zone for a similar scheme (C&D February 19, p280). Croydon pharmacists will be asked to

put their shops forward for the scheme.

The successful applicants will attend a one-day training course covering patient counselling and the structure of the logging system, whereby records will be kept of all patient-pharmacist interactions within the consultation area. The use of a formalised GP referral form, based on the National Pharmaceutical Association's existing one, will also be discussed.

The HCA will review GP referrals and consultation, and counselling outcomes will be audited by the pharmacy development facilitator.

It is hoped that the HCA will undertake a publicity campaign, says Mr McCoig.

He welcomes the funding, saying it confirms "people are putting their faith in pharmacy and primary care". He anticipates that the pilot will determine the cost-effectiveness of consultation areas and, in turn, will encourage the HCA to continue funding.

"The add-on implications are enormous. If it's successful, pharmacists could get set-up and running costs," he says.

Director of patient services at Kingston & Richmond FHSAs Neil Roberts says he is also delighted at getting the initiative up and running and hopes "research will be set up on-site to gauge its worth".

As yet, the FHSAs has not determined which pharmacies will be eligible for funding.



Bottomley's healthcare vision

A 50,000 cut in the number of hospital beds is Secretary of State Virginia Bottomley's prediction for the year 2002.

Speaking at the National Association of Health Authorities and Trusts' annual conference, she outlined the effects this would have on the primary care sector.

"Modern health centres are built around the GP and other health professionals. These now operate as modern cottage hospitals," she said.

The traditional NHS stance has been one of central control and this needed "radical change" and downward devolvement of power, which so far "has only delivered a fraction of its potential", she continued.

But she stressed that this shift brings responsibility: establishing a relationship with the public. "People's interest in health is increasing and you must take them with you."

Chief executive of the NHS Executive, Alan Langlands, continued this theme when he said that people's expectations are increasing and stressed that the NHS must become more sensitive to their needs.

"Patients want to be treated



Health Secretary Virginia Bottomley launched the Department of Health's Hospital and Ambulance Patient's Charter performance league tables on Wednesday at a meeting of the Medical Journalists Association. She aims to do a "Norman Fowler" and log six years as Health Secretary. "Is there a more important job than health? I've so much more to do," she said when asked if she expected to move on in a Cabinet reshuffle

with respect and want access to knowledge and information on their condition," he said.

Members of the healthcare team should adopt an innovative and flexible approach while working together in order to make the best use of skills available.

CPPE revises PMR pack

The latest distance learning package from the Centre for Postgraduate Pharmacy Education deals with patient medication records.

The package is a revised and updated version of an earlier package distributed by Radcliffe Medical Press and, as such, its completion is advised. However, Certificates of Completion for the older package are still valid.

The legal and ethical implications of PMRs, patients for whom records should be kept, guidance on questionnaire and leaflet drafting and staff training are all covered in the course. It also gives advice on choosing the right PMR system for individual needs.

Pharmacists who want copies of the package should contact CPPE, University of Manchester, Pharmacy Department, Oxford Road, Manchester M13 9PL.

Neigh more drugs in Worcester

A novel answer to stress, mild depression and obesity is being developed in North Worcestershire — donkey stroking.

The Health Authority is to launch a year-long pilot project at the end of the month which will allow patients twice-weekly visits to a donkey centre.

GPs will decide if patients in need of rehabilitation, such as people under stress or those recuperating from a heart attack, may benefit from such therapy.

Patients in need of preventative treatment, for example those at risk of heart attack, will also be encouraged to undertake light exercise by walking the donkeys.

Assistant district health promotion manager Sue Bishop-Rowe says the pilot is an extension to a previous scheme where doctors prescribed physical exercise. "It gives people the motivation to go for a walk," she says.

The project will be evaluated over the next 12 months, although success has already been achieved with agoraphobic and heart attack patients.

Scots seek supervision fee for CDs

The supervised administration of methadone should entail an additional fee "reflecting the difficulties and professional responsibilities involved", concluded members of the Scottish Executive at their June meeting.

This follows the recently published report of the Scottish Affairs Committee Inquiry into Drug Abuse in Scotland, which stated that it was not unreasonable to request that pharmacists should be encouraged to supervise methadone administration on pharmacy premises.

No extra money should be paid for this as pharmacists were adequately remunerated, receiving the sum of £3.25 for each daily dispensing of methadone, the report suggested, although this figure was queried by the Executive.

The Executive's views will be passed onto the Scottish Affairs Committee.

Two pharmacists succeed in bids to get back on Register

Ronald Ribolla has been restored to the Pharmaceutical Register.

Mr Ribolla was struck off after being found guilty of not being able to account for sales of codeine linctus, phensedyl and Tenuate Dospan tablets over a ten-month period between January and October 1987.

After he was struck off, Mr Ribolla supplied diazepam to a colleague suffering from shock after an armed raid on his premises in Rumsey Road, Stockwell Park, South London, on September 28 1989.

He also gave prescriptions to 17 other people in the absence of a pharmacist employee following the raid.

Mr Ribolla, of Ewell, Surrey, turned up after the raid to supervise the changing of the locks, said Mr Josselyn Hill, solicitor to the Royal Pharmaceutical Society.

After his pharmacist went home suffering from an injured back and shock, Mr Ribolla left the pharmacy open and dispensed to customers in clear breach of the law.

"Having been struck off, Mr Ribolla was clearly not entitled to dispense," said Mr Hill.

In his application to be restored to the Register, Mr Ribolla said he had prescribed the diazepam to a colleague who was

in shock after the raid and had dispensed other prescriptions to people since he did not want them to have to cross Stockwell Park Estate to another pharmacy. It was the only time since being struck off that he had done such a thing.

Mr Ribolla said he "deeply regretted" the offences for which he had originally been struck off the Register. After reading testimonials on his behalf, the Committee decided to accede to Mr Ribolla's application to be restored to the Register.

● Mr Chabbinauth Maharaj has also been successful in his bid to be re-enlisted on the Royal Pharmaceutical Society's Register, having been struck off for misconduct.

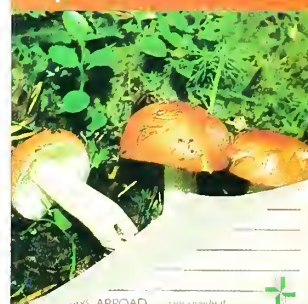
Mr Maharaj, of Brockley, appeared before the Statutory Committee in October 1987 for supplying customers at his pharmacy in Stepney, London, with Controlled Drugs without prescription.

Mr Maharaj pleaded guilty at Thames Magistrates Court in late 1986 to four offences under the 1969 Medicines Act, involving the unlicensed supply of Duramine, Temazepam, dihydrocodeine and Mysoline, between June and August of that year. The magistrates fined him a total of £1,000.



Family Health Hints Calendar 1995

FUNGI — that can be poisonous



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The National Pharmaceutical Association is taking orders for its 1995 "Family Health Hints Calendar" which can be personalised with pharmacy name, address and phone number, and an advertising message as a give-away to customers, and business and professional colleagues. Pricing details from NPA Services on 0727 832161. Last orders August 12

Charity begins at home

My annual retention fee for the Pharmaceutical Society for 1994 has been paid, along with a contribution towards the Ben-evolent Fund. I am grateful that I have never had need of the Fund's generosity, nor do I know any pharmacist who has, but I am impressed that the Fund spent over £15,000 last year helping those of us, or their dependants, who have hit on hard times.

It seems that each year the amount spent by the Fund is double the money received from the profession. On average each pharmacist contributes £5 per member but, since some give the recommended £10, then some must be giving very little or nothing at all. I wonder if, with the Social Services, pension plans and insurance schemes, there is a need for this type of charity any more.

Maybe the emphasis of the Fund should be changed or extended. For example, if I were suffering from alcoholism or a

Some must be giving very little or nothing at all

mental disorder would the Fund provide support to help me get appropriate help?

Our profession exists to look after the interests of its members — everything else is secondary. The support offered by the profession may appear less relevant now than when pharmacy first organised into a Society. Younger members might be excused for seeing the Society as less than sensitive to their needs, particularly their wish to practise their profession independently. Perhaps this change is reflected in our attitude to the Fund.

I know that the work the Fund undertakes, taking cognisance of people's needs but also their pride, restricts publicity. Ironically, it is the lack of publicity that results in low contributions. There must be some way that those who work with the Fund can shed a little light on the good work they do rather than leaving it to a one-page hackneyed letter.

If the profession feels that there still is a role for the Fund, then we have a duty to support it. We are being bombarded with requests from needy charities every day, but we should remember that charity begins at home and that this Fund may give considerable comfort to those we love should the unthinkable ever happen.

Written by a practising Northern Ireland community pharmacist.



I am my own best advert

Once again Boots' advertising has aroused the ire of independent pharmacists, and once again the National Pharmaceutical Association has ridden to its members' support.

This time the anger has been generated over Boots' TV campaign for their Medilink patient medication record system which, although both ethical and legal, effectively separates Boots' professional services from those of other community pharmacies. The NPA, in response, is encouraging its members to advertise their own PMRs (C&D June 25, p1081).

A familiar story with a familiar NPA response, but not a response with which I find full favour. Boots need to advertise nationally because they are perceived by the public as being in direct competition with many other national multiple retailers and would quickly lose market share if that advertising impetus was lost. In their aim, they have been extremely successful.

But I practise in a different arena and neither have the resources nor the household name that would benefit from such advertising. My pharmacy is a true community pharmacy and of that I am proud because it benefits from a local reputation built on many years of sympathetic practice.

Boots' advertising will maintain their dominant

national position and their initiatives certainly keep me on my professional toes, but at the local level I am my own advertisement and that is the only way to compete.

I am confident that independent pharmacy will survive, not on the back of newspaper advertising campaigns, but on the strength of genuine service.

Make every voice heard

After a lot of hard work, a resolution was passed at the last Local Pharmaceutical Committee Conference which requested the Pharmaceutical Services Negotiating Committee to set up a working party to review the constitutions of both itself and its local committees.

The genuine concern of contractors over their deteriorating financial and professional position was reflected in that resolution so I welcome the rapid formation, and now the request for submissions by the working party (C&D June 25, p1081).

What is now required is some serious thought about the content of those submissions and the opportunity to make every voice forcefully heard.

The eventual report must reflect the genuine and considered views of all contractors in order to demonstrate full unity of purpose to the Department of Health. It would be self-defeating if so few ideas were forthcoming that the original approved resolution is later seen as an impotent knee-jerk reaction to adversity.

Co-ordinated campaign needed

Last Monday saw the launch of "Psoriasis Awareness Week" with the inclusion in C&D of a poster for display in pharmacies aimed at publicising this acutely

distressing disease.

As one who has had personal experience of psoriasis, I can vouch for both the physical and psychological problems it creates, but sufferers are still often treated like pariahs. To many, psoriasis patients are modern lepers who experience a similar lack of understanding from the ill-informed as the "unclean" have suffered over the centuries.

I suspect, however, that it will only be patients and family members who will write for and receive the booklet "Understanding Skin Problems". I would have preferred a more co-ordinated campaign to really increase lay awareness by the distribution of the booklet to all community pharmacists in conjunction with public leaflets through the Pharmacy Healthcare Scheme.

We are presently being paid out of our own pockets for the dissemination of health education literature. Psoriasis is an ideal candidate for such a scheme and community pharmacy could then have offered so much more to this particular campaign.

Hobbled by R&D costs

One of the reasons for alternative medicines remaining on the fringes has been the cost of the research to produce the evidence necessary for the granting of a product licence. Couple this with the lack of patent protection, and the marketing route of "dietary supplement" is regrettably more understandable.

But a constructive solution to this problem was recently suggested by Professor Edzard Ernst, holder of the Laing Chair of Complementary Medicine at Exeter University. Complementary medicine manufacturers should pool their resources to fund research and development. What a brilliant suggestion! One which if taken up could revolutionise the range of effective and licenced complementary medicines on the market.

I look forward to the day when hearsay miracles no longer clutter the pages of the national tabloids, but their approved equivalents take complementary pride of place in all community pharmacies.

Topical REFLECTIONS

Counterpoints

New-look Pearl gets £3m ad blitz

Cussons' Pearl bath and shower range is undergoing a relaunch supported by a £3.2 million national television advertising campaign to celebrate its tenth anniversary.

Two new lines are added to the range, while the bath creme (500ml, £2.49) is reformulated. Consumers are offered a choice of two variants — creamy moisturising lotion or light silky oil — across the range.

The soap remains unchanged (125g singles, £0.46; four packs, £1.42), but appears in new-look packaging in natural white or oyster pink.

The new lines are a creme bar (100g, £0.79) and a 2-in-1 shower creme (200ml, £1.89) in a squeeze pack.

Pearl will be on-shelf from July and television advertising is due to break in September.

The new packaging retains both the iridescent

and scallop shape of the old range, but has updated graphics aimed to appeal to women aged 25-34.

Mike Fallon, Cussons' sales director, says: "Pearl soap has achieved 5.1 per cent value share with limited support. We believe the new range with sustained support will substantially increase brand awareness. Continuous in-store promotions are planned to

support the relaunch throughout its first year."

Sample sizes of all the products, except the soap, will be available.

• Cussons are claiming brand leadership of the liquid soap sector in chemists for their Carex anti-bacterial handwash. Five months after launch, it is taking a 23.6 per cent share (IRI 4 w/e May 28). **Cussons (UK) Ltd. Tel: 061-792 6111.**



Mycil tries 'This Little Piggy'

Crookes' support package for the coming year for Mycil athlete's foot treatment continues the brand's sporting ties.

Taking inspiration from the nursery rhyme "This Little Piggy", new adverts spell out a cautionary tale of how the condition may result from sporting activities. The campaign will run in the national consumer Press and selected sports titles from now until the end of November.

The brand will be sponsoring the National Summer Swimming Championships in the last week of July. The Mycil name will also be identified with Swim 2000, a programme designed to identify swimmers for the Millennium Olympics. **Crookes Healthcare. Tel: 0602 507431.**

Back to the wood

Hairbrush maker Mason Pearson have re-introduced wooden back brushes in response to public demand.

As plastics became available in the 1940s, demand for the traditional product fell off. However, inquiries have increased for wooden backs over the last few years, persuading the company to re-start production.

The timber used is mainly from London plane

trees, along with beech, apple and cherry. Brushes are finished with at least six coats of lacquer.

The two larger sizes of brush are available with wooden backs, while still incorporating the pneumatic rubber cushion pad. Tufts come in a choice of natural bristle, nylon or bristle and nylon mixture, while prices range from £14 to £39.50. **Mason Pearson Bros Ltd. Tel: 071-491 2613.**



Things happening on the box for Badedas

Sara Lee are launching a new 2-in-1 shower gel and body lotion into the eight-strong Badedas range. Aimed at women users, the creamy white lotion (200ml, £2.19) is lightly fragranced and enriched with glycerine and a moisturiser. It replaces the existing moisturising shower gelée.

This is the second major move Sara Lee have made with this premium brand since acquiring it from Smithkline Beecham last year. Badedas has recently been advertised on national television for the first time in four years and will be back on the box in December. In the immediate future, 50ml trial size packs (£0.49) will be available from the end of August for four weeks.

Overall, the bath and shower market is valued at £228 million. Badedas is the number five brand with a 2.5 per cent value

share. Imperial Leather, Radox and Lynx are the main players in the gels sector. The shower gel sector has recently seen strong growth in 2-in-1 products, where a shower gel and body lotion are combined. **Sara Lee Household & Personal Care. Tel: 0753 523971.**



Glymiel looks after gardeners

A new variant of Glymiel handcare gel is being introduced by Original Additions. Glymiel Gardeners Friend has been developed for use after work around the house or in the garden. It contains tea tree oil, which claims antiseptic properties, and intensive moisturisers.

The product has the same consistency as the original Glymiel and will retail for an introductory period at £1.49 for 100ml (normal price £1.75).

There is an introductory display tray available containing six tubes, flashed with the offer price. **Original Additions. Tel: 081-573 9907.**

Revamped Cidal soap

Smith & Nephew have repackaged their Cidal medicated soap in bright yellow and turquoise to appeal to a younger audience.

The new packs are the same size as the old. A free soap merchandiser of 24 bars is available to independents on purchasing one case of bath soap. The formulation remains the same.

A consumer package running throughout the year will involve consumer sampling and reader offers.

Smith & Nephew predict a demand among women and men over 25 and family users. **Smith & Nephew Consumer Products Ltd. Tel: 021-327 4750.**

Improved Lynx

Lynx shower gel and after shave have been reformulated to meet the increasing expectations of men from their toiletries, says manufacturer Elida Gibbs.

The shower gel has skin

conditioners and a "revitalising" formulation that leaves a tingling sensation. Fragrance and conditioners are combined in the new after shave. **Elida Gibbs Ltd. Tel: 071-486 1200.**

July 4th. Watch the box. All Night.



A revolution in night-time pain relief.

If you watch ITV on Monday, July 4th, you will see a commercial for new **Anadin All Night** which breaks on TV with a £1.7 million national launch campaign.

Available only from pharmacies, **Anadin All Night** is supported by a complete range of point of sale, educational

and technical materials, with full pharmacy assistant training.

Since this launch campaign will be seen by over 7 million night-time pain sufferers, you had better prepare your staff for the All Night rush.

AVAILABLE ONLY FROM PHARMACIES

Product Information: Anadin All Night Analgesic Tablets. Presentation: Sustained release tablet for oral administration. Each tablet contains aspirin Ph Eur 500mg. Uses: For the treatment of mild to moderate pain, particularly overnight treatment. Dosage: Adults and the elderly: Two tablets, 1-2 hours before retiring for the night. Children under 12: Not recommended unless under the supervision of a doctor. Contra-indications: Active peptic ulceration, bleeding tendency, hypoprothrombinaemia, vitamin K deficiency, haemophilia, angioneurotic oedema, hypersensitivity to salicylates. Interactions: May potentiate the effects of oral anticoagulants, oral hypoglycaemics and theophylline. The uricosuric effect of probenecid and salicylic acid may be reduced. Special warnings: Do not take any other painkillers whilst taking this product. Precautions: Not applicable. Side effects: Gastrointestinal disturbances, such as dyspepsia and epigastric pain. Highly sensitive individuals may experience major gastric bleeding, skin rashes, anaphylactic reactions, asthma or angioedema. Tinnitus with hearing loss, centrally precipitated nausea and vomiting, dizziness and reversible hypothermia may occur. Effect on ability to drive & use machines: None known. Incompatibilities: None known. Use in pregnancy: Not recommended. Overdosage: Only persons unduly sensitive to aspirin will show symptoms after taking the product at the recommended dosage level. Such persons should discontinue use when symptoms should subside. Severe intoxication from heavy overdosage is shown by hyperventilation, fever, restlessness, ketosis, respiratory alkalosis and metabolic acidosis; CNS depression may lead to cardiovascular collapse and respiratory failure. Treatment is by induced or aspirated gastric emptying. Forced alkaline diuresis may be required after correction of acidemia by sodium bicarbonate infusion. Cardiac or renal impairment may require haemodialysis or peritoneal dialysis. Anti-allergic reactions to aspirin can be treated by administration of adrenaline, corticosteroids and an antihistamine. Pharmaceutical precautions: Store in a dry place, at a temperature not exceeding 25°C. Legal category: [P] Package quantities: Blisters of 10 tablets, packed in cartons of 10 or 30. Product licence no.: PL 0165/0103. Date of preparation: May 1994. Shelf life: 2 years. Price: RSP £1.95. £3.95. Whitnall Laboratories Limited, Taylor, Berkshire SL6 0PH. Trade mark



SETON'S INVESTMENT IN ASILONE IS ABOUT TO PAY DIVIDENDS FOR YOU



Asilone is the latest addition to Seton Healthcare's impressive portfolio of growing pharmacy brands.

At Seton Healthcare, we are firmly committed to actively supporting Asilone by supporting you, the pharmacist, and maintaining a minimum P.O.R. of 33%.

Our winning long term strategy will combine consumer promotion and effective pharmacy support programmes.

So, if you want to ensure that this major investment by Seton Healthcare pays dividends for you, talk to your Seton representative - and ask about special deals available now.

 **Seton
Healthcare Group plc**
Asilone is a Trade Mark of Seton

TUBITON HOUSE, OLDHAM OL1 3HS, ENGLAND.
TELEPHONE: 061-652 2222.

Energizer on display

Ever Ready display packs for Energizer Flashlight and standard range torches will be available to independents from August.

The display pack (£27.99, trade) consists of seven torches, each with Energizer longer-lasting batteries and a lifetime guarantee.

The standard range of torches from Ever Ready is also available in a display pack of 12 (£29.99, trade), each with Silver Seal batteries. **Ever Ready Ltd. Tel: 081-882 8661.**

Lady Protector TV ads

Wilkinson Sword have invested £2 million in a TV advertising campaign for the Lady Protector shaving system running for five weeks from mid-June.

The adverts focus on the safety features of the Lady Protector against cuts associated with wet shaving. **Wilkinson Sword Ltd. Tel: 0494 533300.**

Clarityn support

Schering-Plough are stepping up their support for Clarityn and Clariteyes Eye Drops for the hayfever season.

Following the switch of Clarityn from POM to OTC last year, the company has produced new point of sale and promotional material for both products. The package includes leaflets, training guides, display aids and "scratch off" competition cards for pharmacy assistants. **Schering-Plough Consumer Health. Tel: 0707 363636**

Roche use 'Get Fred' for radical approach



According to new research, Britons are most likely to believe that free radicals are a new political party and that anti-oxidants are a form of washing powder.

Roche hope that cartoon characters Fred Radical,

Millie Molecule and Andy the Anti-oxidant will change all that. The company is starting a "plain English" campaign to bring the complex issue of free radicals within the grasp of the public.

Called "Get Fred", the campaign uses simple language to put across the protective effect of anti-oxidant nutrients.

The characters will be introduced in a roadshow and will also feature in leaflets in Roche's Redoxon Protector packs. They will also be used in a major in-store promotion in Boots, through advertising, point of sale, a poster van campaign and newspaper cartoon strips.

The WHO advises that people should eat 400g of fruit and vegetables a day (excluding potatoes) to maintain intake of anti-oxidant vitamins. The average UK intake is around 200g daily. **Roche Consumer Health. Tel: 0707 366000.**

Nomad seals from the NPA

Surgechem have entered into a distribution deal with the National Pharmaceutical Association for their Nomad perforated cassette tray seals.

The agreement will mean savings for NPA members of up to 25 per cent on current prices. The NPA will supply the seals direct.

Available in packs of 250, the seals will cost 16p per sheet for single pack sales and 14p per sheet on orders of two or more packs.

The distribution deal is initially for a six-month period, but both parties hope it will continue on a permanent basis. The seals can be ordered from **NPA Sales Office. Tel: 0727 858687 ext 315.**



Fotostop Express have launched a three for two Summer promotion for 100 ASA 24-exposure Fotostop SXL colour print film at £5.38 (normally £2.69 each). The promotion is supported by point of sale and on-pack flashes. Fotostop Express Ltd. Tel: 081-769 5252

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast Television	W Westcountry

Anadin All Night:	All areas
Colgate Great Regular Flavour:	All areas
Gliss Corimist:	C4, GMTV
Nivea Sun:	All areas
Palmolive 2 in 1:	All areas
Rap-eze:	All areas except CAR
Rennie:	C4, GMTV, satellite
Scholl Odour Control:	B, G, C, M
Slim-Fast:	All areas
Wrigley's Extra and Orbit:	All areas
Zovirax Cold Sore Cream:	All areas

376x2+1=



support...

Wilkinson push for cleaner razor

Wilkinson Sword are strengthening their shaving range with the launch of Extra II, a twin disposable razor with a unique cleaning bar that removes shaving debris and prevents clogging.

The new razor includes two other features: a slim

head design, similar to a systems razor, improves accessibility to difficult areas; and a non-slip handle allows increased control with less risk of nicks and cuts.

Extra II will be available in packs of five (£1.39) and ten (£2.59).

Promotional support includes the free sampling of over one million trial packs which include a money-off coupon to encourage further purchase.

A self-merchandising counter unit of trial packs is available to retailers, allowing consumers to try the new razors for 25p each.

A £500,000 Press advertising campaign will break in late Autumn. Wilkinson Sword Ltd. Tel: 0494 533300.



A new pre-filled counter unit for Sudocrem, the leading nappy rash cream with a 78 per cent market share, is available from Pharmax representatives this month at a discounted price. The unit carries six 60g tubs, nine 125g tubs and two 250g sizes on two shelves. Those pharmacists displaying the counter unit during July and August will be entered into a draw to win one of four luxury weekend breaks for two at a Country Club hotel. Pharmax Healthcare. Tel: 0322 550550

Kitty Little Fill and Foam for the shower

Fill and Foam, a new hand-held bathing sponge with a unique gel dispenser, is available from Kitty Little.

The sponge comes with a strong and easy to clean plastic body that acts as a reservoir for the user's favourite shower gel, which is released slowly through the sponge head.

Two sponge heads are offered, either a soft beauty sponge or an invigorating massage sponge. Units are available separately in either format (£4.99) or in a gift pack containing the plastic applicator, both sponge heads and two aromatherapy shower gels (£9.99).

The shower gels (200ml, £2.99) and replacement sponge heads (£1.99) are available separately.

Two bonus packs are offered to the trade in the run-up to and at the Chemex exhibition, where the products will be on show.

Pack A (£71.72 compared to the normal trade price of £79.44) offers six of each line (except the shower gels). Pack B offers 24 shower gels (12 of each) with an offer price of £33 compared to the normal trade price of £36.90. Kitty Little Group. Tel: 0782 577055.

Alpine inspiration for Sensiq

Alpine Impressions offers ten Autumn colours for eyes, cheeks and lips from Sensiq.

Duo Shadow Silk Eyeshadow (£3.59) comes in two variations: grey blue/pearlised oyster, and charcoal and dove grey.

Silk eyeliner (£3.15) is a new kohl-type pencil which can be used both inside and outside the eye, in silk black and silk brown. Perfect Powder blush (£3.79) is offered in soft russet and warm raspberry shades.

For the lips, Perfect Lip Definer (£2.59) comes in clover (tawny rose) and Bordeaux (berry rose) shades. Lip Dew lipstick (£4.75) also comes in two shades of cinnamon spice (mink pearl) and spiced wine (claret).

The range will be available from September. Rimmel International. Tel: 0233 625076.

IMPORTANT NOTICE

FOLIC ACID

The Government advises that a supplement of **Folic Acid 400mcg** daily should be taken by all women planning pregnancy.

Folic Acid protects the unborn child if taken before conception.

Folic Acid 400mcg (the advised daily amount) tablets are available in the very easy to take 'Cantassium Microvitamin Range'.

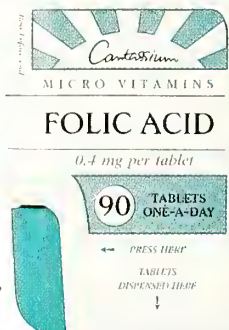
A full 3 month pack for just £3.95 recommended retail price.

Chk packs of 90 **Folic Acid 400mcg** Microvitamin tablets are available from all wholesalers now.

Display material and full product information available from:

Cantassium
The Vitamin Experts

Cantassium Vitamins, 225 Putney Bridge Road, London SW15 2PY.
Telephone: 081 874 1130.



Butler focus on brushes angle

Butler (UK) are promoting their "dome-shaped trim" GUM toothbrushes through pharmacies with a special promotion.

Although the company is best known in Britain for its interdental products, it is now targeting the burgeoning

toothbrush sector, and in particular the pharmacy market, bringing the price of its brushes down to £0.99 from £1.69.

The range is available in adult, youth and junior (the Critters range) variants.

Counter display units are available, carrying 72 brushes (trade £42.45). There is a similar display for the interdental range (trade £57.08). The latter is also on offer, with a further reduction if both units are purchased together (£85.32).

The brushes are being positioned on the improved cleaning ability of the dome-shaped trim, value for money and durability. **John O Butler Company (UK). Tel: 0483 282858.**



Pace hots up in nappy market

Growth in the disposable nappy market may have slowed down since the late '80s, but the business continues to develop and sales are set to rise 32 per cent more by 1998.

Also adding interest to the sector is the fact that Procter & Gamble's dominant Pampers brand may at last have come up against a serious rival in the form of Kimberly-Clark's Huggies.

According to an Economist Intelligence Unit (EIU) study, sales of disposable nappies hit a peak growth rate of 14 per cent in 1989. This slowed to 5 per cent in 1991 and business actually decreased in volume terms in 1992. Last year, however, the EIU says sales rose 2 per cent in volume to 3.01 billion units and 3 per cent in value to £460 million.

"Some industry sources suggest the market last year could actually have been worth £490m, with

unit sales of 3.3bn," states the report.

The disposable variety is clearly the principal product in the UK nappy market, achieving penetration of 80 per cent by 1990. But growth has not only been down to taking share from Terry towels. The market itself has been expanding recently, with the UK birthrate rising once more, after a period of stagnation.

"This gives a potential market of around 1.55m baby users per year," states the report. "There are also the many wearers over two and the three-year-olds who still use nappies at night."

In the next four years, the EIU predicts the disposables market will grow to around £607m annually. This will be partly due to the birthrate remaining high, but also to continued development of market share.

In terms of market share held by various brands, Procter & Gamble's Pampers were still way ahead in 1993, taking 77 per cent of sales. Peaudouce, in second place, took just 4 per cent and Togs 2 per cent. The EIU report, however, states that Kimberly-Clark's Huggies may now be about to shake up the established pecking order.

Huggies are the market-leading brand in the USA, and Kimberly-Clark's launch of their Huggies Pull-Up trainer nappies in the UK in 1993, their Ultrathin nappies this year and the opening of their Barton-upon-Humber factory show they are serious about achieving their market share target in this country of 30 per cent by 1996.

The EIU expects greater competition to lead to greater innovation and price cutting.

Romantic Liaisons for the Autumn

Romantic Liaisons from Cutex offers a palette of rich claret and warm pink shades for the Autumn.

The range for eyes, lips and nails includes a Soft Look Eye Shadow Duo (£3.49), Moonstone Mauve (silver-lilac pearl/grey mauve), and a Trio (£3.99), Sahara Sands (pink pearl, taupe pearl and earth).

A new eyebrow pencil with brush (£2.49) comes in three natural shades — grey brown, brown black and black. Eye definer (£2.49) is in two shades (imperial purple and

Bombay brown) and, like the eyeshadows, contains vitamin E and sun screen.

For the lips there is lip definer (£2.45) which helps prevent lipstick feathering, in French fuchsia and Bermudan blush. Lasting Colour lipstick (£3.29) comes in two shades — tropical orchid and Riviera Rose.

Lasting Colour nail polish (£2.35) comes in matching shades. Romantic Liaisons will be available from September. **Rimmel International. Tel: 0233 625076.**

Up & Go upgrade

Peaudouce have upgraded their Up & Go Training Pants with a new absorbent core and special leg cuffs. Absorbency levels are now on a par with disposable nappies, and the leg cuffs improve fit and appearance. The changes arise from Peaudouce's recent business agreement with Japanese market leader Unicharm. **Peaudouce UK Ltd. Tel: 0952 292222.**

On All Night

Anadin All Night, Whitehall's controlled release pain reliever for night-time pain, is being advertised nationally on television in July. The 30-second ad runs for four weeks in all regions and is part of the £1.7 million spend on the brand. **Whitehall Laboratories. Tel: 0628 669011.**

Back to the bar

Neutrogena have improved the formulations in their 40-year-old Cleansing Bar range. The Cleansing Bar for Oily/Acne Skin has been replaced by a hypo-allergenic Cleansing Bar for Combination and Spot Prone skins (£2.09). **Neutrogena (UK) Ltd. Tel: 0494 474787.**

Palmolive offer

The Palmolive 2-in-1 body cleansing range from Colgate is on special offer to complement the current television ad campaign. The promotion is available through Unicharm, AAH and Numark wholesalers in July. **Colgate-Palmolive. Tel: 0483 302222.**

Bio-Light price

The recommended retail price for the Bio-Light diet plan is £12.99 per bottle, not £12.99 for six as stated in C&D Jun 18, p1035. **Bioconcepts. Tel: 0705 499133.**

Brita cartridges

Brita Universal cartridges have been designed to fit leading brands of domestic jug water filters and are available in singles (£2.99) or packs of three (£8.75). In-store support, a Press ad campaign and a national roadshow are planned. **Brita (UK) Ltd. Tel: 0932 770599.**

Predictor ads

Chefaro have launched an "Easy Peasy" ad campaign for Predictor pregnancy testing kits in the women's Press and radio. **Chefaro Proprietaries Ltd. Tel: 0223 420956.**

250x3+3=



support you...

Scriptspecials

Topical treatment for acne

Benzamycin Gel is a new topical treatment for acne vulgaris containing benzoyl peroxide and erythromycin. It has antimicrobial action combined with mild keratolytic properties, antibiotic effects and anti-seborrhoeic properties. Erythromycin inhibits lipase production while benzoyl peroxide reduces the comedone count and has anti-bacterial action.

Benzamycin Gel is presented as a plastic jar containing 20g of gel and a separate plastic vial (Erytho pak) containing 0.8g of erythromycin. This is dissolved in ethanol and added to the gel at the time of dispensing by the pharmacist.

After reconstitution, the gel should be refrigerated, and if stored in cold conditions has a shelf-life of three months. When dispensed, Benzamycin is a white gel containing benzoyl peroxide 5 per cent w/w and erythromycin 3 per cent w/w.

Benzamycin should be applied twice daily, morning and evening, to areas usually affected by acne or as directed by the doctor. Before applying the gel, the areas being treated should be gently washed, rinsed with lukewarm water and patted dry. Benzamycin should be applied using the fingertips, and the hands should be washed after every application.

Applying other topical acne treatments at the same time as

Benzamycin should be done with caution to avoid any possible cumulative irritancy effects. The gel should be kept away from mucous membranes and very fair

individuals should begin with a single application at bedtime, allowing overnight medication.

Benzamycin may bleach hair or dye fabrics. Some users have reported dryness of the skin and urticaria.

Benzamycin Gel is a POM with a basic NHS price of £7.99. **Bioglan Laboratories Ltd. Tel: 0462 438444.**

Kogenate — recombinant Factor VIII for UK

Kogenate is the first genetically engineered recombinant Factor VIII available in the UK for the treatment of Haemophilia A, the most common type of haemophilia, accounting for over 5,000 cases in the UK.

Kogenate comes in single dose vials containing 250IU (£130), 500IU (£260), or 1000IU (£520) Factor VIII. It is produced from genetically-engineered baby hamster kidney cells containing a cloned Human Factor VIII gene.

Kogenate is indicated in congenital Factor VIII deficiency for the treatment and prevention of bleeding in both untreated and previously treated patients without inhibitors. Because it is manufactured using recombinant DNA technology, there is a reduced risk of viral contamination — in the past it was found to be contaminated with HIV and hepatitis viruses.

The dose and frequency of administration is tailored for the individual taking into account a number of conditions including

weight, degree of Factor VIII deficiency, site and extent of bleeding and clinical response.

Studies have shown a mean rise of about 2 per cent in Factor VIII activity for each unit of Kogenate administered per kg body weight. The required dose can only be calculated approximately so the plasma level of Factor VIII activity should be monitored by clotting tests.

Kogenate is reconstituted using the vial of Water for Injections provided and must be administered (intravenously) within four hours of this process taking place.

The long-term aim of medical research is to treat the cause of Haemophilia A by inserting the missing gene on the X-chromosome into human cells. Gene insertion therapy is an extension of the recombinant DNA process used to manufacture Kogenate and is the subject of a research programme by Bayer. **Bayer Pharmaceutical Division. Tel: 0635 39000.**

Medical Matters

Vegetarian diet reduces cancer mortality

Vegetarians have been found to have a 40 per cent lower risk of death from cancer than meat eaters in a study published in the *British Medical Journal*.

Cancer and ischaemic heart disease are the main causes of death and it is recognised that diet is a factor in the development of both.

Previous studies have found that vegetarians have reduced mortality from cancer and heart disease, but the results could have been explained by a reduction in other risk factors such as obesity and smoking — vegetarians tend to be thinner and smoke less than the general population.

The study of over 6,000 members of the Vegetarian

Society and over 5,000 controls found a 40 per cent reduction in cancer mortality in non-meat eaters compared with meat eaters, after adjustment for the effects of smoking, body mass index (a measure of obesity) and socio-economic status.

However, the authors stress that their results do not justify excluding meat from the diet as there are other features of a vegetarian diet that might reduce the risk. Their high intake of vegetables, fruit, cereals, pulses and nuts means that vegetarians eat a diet that is low in saturated fat and relatively high in unsaturated fats, carbohydrates and non-starch polysaccharides. They also have a lower intake of iron, zinc and vitamin B12 than

the majority of meat eaters.

A commentary on the article by an epidemiologist suggested that the selection of people for the study may have had an influence on the overall results. "The non-meat eaters were volunteers, many of whom had given up meat because of presumed benefits to health, while the meat eaters were selected afterwards. Epidemiology textbooks give plenty of examples where self-selection of subjects has been held responsible for trial results that proved totally wrong."

The authors of the study say "only a large randomised trial would provide conclusive evidence for the benefits of a vegetarian diet, but such a trial is unlikely to be undertaken".

Endorsement points

Due to supply problems the DoH has agreed that labetalol tablets 100mg will be treated as a Category D item for June and July scripts, says PSNC. Pharmacists should endorse scripts with the brand or manufacturer supplied as unendorsed scripts will be reimbursed using the Tariff price. Amitriptyline oral susp 10mg/5ml is included in the Tariff as Category C based on Tryptizol, which is also unavailable. The PPA will accept endorsements for alternative manufacturers and pack sizes for June and July.

Migravess shortage

The latest batches of Migravess tablets have failed quality control tests, and as a result Bayer are out of stock. Further supplies are not anticipated to be available until mid-August. Migravess Forte remains available. **Bayer Pharmaceutical. Tel: 0635 563439.**

Steri-Nebbs addition

Baker Norton have added ipratropium to their range of Steri-Nebbs products. Two vial sizes are available: 250mcg ipratropium bromide in a 1ml solution (20 £6.14), and 500mcg in 2ml solution. **Baker Norton. Tel: 0279 426666.**

Sandoz colours

Sandoz Pharmaceuticals are changing the colour identification banding on the ampoules of some of their products. Calcium-Sandoz ampoules change from red/blue to red, and Sandimmun (cyclosporin) 250mg in 5ml ampoules from green/red to red. **Sandoz Pharmaceuticals (UK) Ltd. Tel: 0276 692255.**

New AlfaD pack

The 1mcg strength of AlfaD (alfacalcidol), the vitamin D analogue, is now available in a new pack size of 100 capsules (basic NHS £35.09). **Du Pont Pharmaceuticals. Tel: 0462 482648.**

Minihep syringes

Minihep (sodium heparin inj 5,000 units in 0.2ml) × 50 prefilled syringes is to be discontinued when stocks are exhausted. Leo Laboratories expect this to happen at the end of July. Minihep Calcium (calcium heparin inj 5,000 units in 0.2ml) × 50 prefilled syringes are also to be discontinued when stocks are exhausted around the end of September. **Leo Laboratories Ltd. Tel: 0844 347333.**

Fluvirin

Fluvirin (inactivated influenza vaccine 1994/95) is not available until October, say **Evans Medical Ltd. Tel: 0372 364000.**

ONE PROBLEM THREE SOLUTIONS!

THE PROBLEM

Diarrhoea affects people differently.
So each sufferer needs to be treated in
an individual way.

THE SOLUTION

Diocalm is the only brand that
has a full range of treatment

THE ACTION

Powerful POS material and National
Pharmacy Education Programme.

£1m

Support Package

Stock now to meet your customers needs!

Diocalm

Effective relief from diarrhoea to suit your
individual needs.



SmithKline Beecham
Consumer Healthcare

● **Diocalm Ultra.** **Product Information.** Presentation: Opaque brown and turquoise capsule containing 2 mg loperamide. **Use:** Treatment of acute diarrhoea. **Dosage and administration:** Adults, children 12 years and over 2 capsules initially, followed by 1 capsule after every further diarrhoea episode, maximum 8 capsules in 24 hours. If symptoms persist for more than 24 hours, a doctor should be consulted. **Children under 12** not recommended. **Contraindications:** None stated. **Precautions:** Do not exceed the stated dose. Diocalm Ultra is for symptomatic relief only and is not a substitute for rehydration therapy. **Adverse reactions:** Skin reactions, incl. urticaria have been reported. **Product licence number:** 0079/0288. **Retail price:** Capsule (6's) £2.49, 12's £4.26. **Legal category:** P. ● **Diocalm Dual Action.** **Product Information.** Presentation: Brown flat bevelled edge tablet engraved Diocalm on one face and with a breakline on the other, containing per tablet morphine hydrochloride 0.395 mg, activated attapulgite 312.5 mg, attapulgite 187.5 mg. Also contains sucrose. Carbohydrate content 0.7 g per tablet. **Use:** Relief of acute diarrhoea and associated pain and discomfort. **Dosage and administration:** Adults, children 12 years and over 2 tablets. **Children 6 to under 12 years** 1 tablet. Chew tablets and swallow with water. Take 1 dose every 2 to 4 hours as required up to a maximum of 6 doses in 24 hours. If symptoms persist for more than 48 hours, a doctor should be consulted. **Children under 6** not recommended. **Contraindications:** Impaired renal function. **Precautions:** Do not exceed the stated dose. As well as taking Diocalm tablets, it is important to replace body fluids lost during diarrhoea. **Adverse reactions:** None stated. **Product licence number:** 0079/0219. **Retail price:** Tablets (20's) £2.43 (40's) £3.96. **Legal category:** P. ● **Diocalm Replenish.** **Product Information.** Presentation: Sachet of white powder with an odour of orange, containing anhydrous glucose 40g sodium chloride 0.35g, sodium citrate 0.59g, potassium chloride 0.30g. Also contains saccharin. **Use:** To prevent and correct dehydration, by replacing fluid and electrolytes lost during diarrhoea. **Dosage and administration:** Adults, children 12 years and over 1 or 2 sachets after each bowel movement. **Children 6 to under 12** 1 sachet after each bowel movement. **Children 1 to under 6** 1 sachet after each bowel movement up to a maximum of 9 sachets in any 24 hours. It is important to use the correct amount of water. Dissolve contents of each sachet in 200 ml before treatment. Begin treatment as soon as possible after diarrhoea starts. Stop treatment when diarrhoea stops. If symptoms persist for more than 48 hours, a doctor should be consulted. **Children under 1 year** not recommended. **Contraindications:** None stated. **Precautions:** Unused solution should be thrown away after one hour, unless kept in a refrigerator, when it may be used for up to 24 hours. **Adverse reactions:** None stated. **Product licence number:** 0079/0228. **Retail price:** Sachets (5's) £1.88. **Legal category:** P. **Date of preparation:** 17th June 1994.

Diocalm, Diocalm Ultra and Diocalm Replenish are Registered Trademarks. SmithKline Beecham Consumer Healthcare, SB House, Brentford, Middlesex TW8 9BD. Telephone Number 081 974 4014

Pharmacies are in an awkward position when it comes to stocking electrical haircare appliances. While none can really compete with the High Street electrical retailers for product choice, they are in the unique position of offering a complete haircare package, from shampoos through to styling aids.

"That point is well made by looking at how well Boots are doing in the market," says Simon Bluring, general manager of Remington Consumer Products UK. "Both they and independents offer a beauty environment, ideal for selling haircare appliances."

At first glance, this might seem an odd statement from Remington. After all, they are best known for their charismatic figurehead Victor Kiam, who liked the shavers so much, he bought the company.

Mr Kiam has been at the buying game again, this time taking on Clairol's appliances division at the end of last year. Mr Bluring was part of the Clairol package, bringing with him experience from his days as the company's international marketing director.

Established brands

Clairol, an old Bristol-Myers Squibb subsidiary, boasted models including Big Shot hair dryers, Curl Control Setters heated rollers, Lock 'n Roll flexible stylers and Flexibrush. Together, they brought in 26 per cent of the electrical haircare appliances market, or roughly £20 million. More importantly, 40 per cent of their sales are through pharmacy, although that does include Boots.

The first half of the year has been spent weaving the old Clairol brands into Remington to form the new Remington brand. "Most of the transition has been completed," says Mr Bluring, "but the fruits of our labours will come together in the second half of the year."

Care has been taken to phase the brand in gradually. Clairol's packaging had been redesigned at the end of 1993 anyway. All that was needed was to swap the Clairol logo for a revamped Remington one.

Stock will be phased in towards the Summer to coincide with an advertising campaign kicking off in the haircare Press. The adverts will then move to other women's magazines, with redesigned PoS material following in August.

Reader offers

Link-ups with magazines for reader offers and competitions are also planned for the Autumn, but have not been finalised. There will also be a special deal for independents to be announced in July. Again, details have not been ironed out, but incentives may include free stock deals.

How many hair dryers, curling tongs and other appliances are sold through pharmacy is difficult to judge, say a number of manufacturers. But the entire UK market was worth £78m in the 12 months to

The hot air of haircare

Pharmacies can offer the whole haircare package, from shampoos to styling gels, so why not hair dryers, as well?

Anna Evangeli reports



Philips' Pro-Air stylers took 20 per cent of the hot air market last year

January 31 this year, up marginally on last year.

Of this, hair dryers took up by far the largest chunk, with sales at £39.9m, up 4.8 per cent by volume on last year. The intriguingly named electric "combi tong" market, ie tong with integral brush, was worth £4.7m, an increase of 17.6 per cent, while heated rollers brought in £3.6m, up 14.9 per cent. But it is the new hot air styling sector that is leaping ahead, with a 113 per cent rise in the number of units sold this year compared with last (Market data from Philips Domestic Appliances and Personal Care).

These relatively new products have the advantage of being suitable for styling slightly damp hair and, as they use less heat than conventional electric tongs, are said to be kinder to the hair shaft.

Philips launched their range of four Pro-Air stylers in late Summer. TV and Press advertising followed in time for Christmas, which helped to boost sales to 20 per cent of the hot air styling market. That pre-Christmas promotional burst will be repeated this year, although details have yet to be finalised.

A free colour brochure featuring Philips' haircare products will also be sent to eight million households through national newspapers as part of a £7m advertising and promotional campaign set aside for their domestic appliances sector. Copies will also be available to retailers.

Wahl Europe have also looked at the hot air styling market with the launch of the Coiffure "4 in 1" styling kit and Coiffure curling irons.

The £16.95 hot air kit has two heat settings and blows air through a choice of styling heads onto wet or dry hair.

Also from Wahl are curling irons available with three barrel sizes — 13mm, 16mm and 19mm — which retail at £5.95.

Budget focus

Pifco are focusing on the budget end of the market for the independent sector with the launch of an under-£10 range at the tail end of last year. Each of the five products is black and has blue branding, with packaging designed to match the product itself for added shelf stand-out. The 1200W hair dryers, one with and one without diffuser, have two heat/speed settings and retail at £9.99 and £7.99 respectively. The Hot Air brushes blow dry and curl hair in one and feature a curl release mechanism to prevent tangling (£9.99); while both the Hot Brushes and Curling Tongs sell for £4.99. All come with a fitted plug.

As well as owning the Pifco brand, Pifco Ltd market Carmen electrical products under the same brand manager, Sue Wilkinson. The start of this year saw the launch of two 1800W Carmen Image hair dryers, one with a diffuser (£16.99) and one without (£12.99). This, says Ms Wilkinson, reflects the trend towards more powerful hair dryers to suit today's busy life styles.

Also in the high-speed hair dryer market are Kenwood who launched two 1600W products in the Spring. Both have a cool setting and a clip-on nozzle. The diffuser version retails for £14.99, while the standard model is £12.99.

Rowenta UK entered the personal care market last year with the launch of their Personal Line range. This is being extended with the addition of two more hair dryers, making a total of four altogether.

The two extra hair dryers come under the Hair Sensitive banner which are said to "take the thinking out of drying". They can be programmed to select the most suitable drying cycle according to the hair type.

The PH660 electronic version (rsp £36.99) includes an LCD keypad which is used to programme hair type and length. The dryer then automatically selects the appropriate air speed and temperature and makes on-going adjustments according to the different stages of drying. The PH610 offers the same versatility with manual settings (rsp £27.99).

Braun have 28 per cent of the electrical hair appliance market, or nearly £22m for 1.2m units. And as they have their own sales force, pharmacists can individually negotiate deals.

Last year saw the launch of PX1200 Supervolume, which prompted new packaging across all Braun products.

To support this and existing products, Braun are spending £1.2m on a promotional campaign.

Pharmacy update

Under pressure

How to control hypertension. Catherine Duggan and Ian Bates show how pharmacists can help tackle a common problem

The good food guide

A practical summary of the pharmacokinetic influences of food on drugs and advice on what to watch out for

Under pressure

The second part of our hypertension series looks at the impact of drugs and life style changes in managing the condition. The importance of pharmacist counselling is also examined by Catherine Duggan and Ian Bates of the Centre for Pharmacy Practice

ensuring that target blood pressure values are achieved by therapy.

Cardiovascular risk is associated with the level of blood pressure: the higher the blood pressure, the higher the risk of both stroke and coronary events.

The WHO-ISH committee found that among people with mild hypertension the risk of serious cardiovascular disease is also determined by several factors other than blood pressure and these may be

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The first article in this series gave an overview of the causes and risk factors of hypertension, the most common medical condition in adult industrialised societies.

This article aims to concentrate on management and treatment rationales rather than on specific drugs and their actions.

Intervention

Many guidelines have been published which evaluate the risks and benefits of therapeutic treatment, and the management of the various forms of the condition by both the patient and practitioner.

While the evidence for treating severe hypertension is clear, the treatment of mild hypertension often presents diagnostic and therapeutic problems.

In 1993, the World Health Organisation-International Society of Hypertension subcommittee (WHO-ISH) prepared some guidelines for the management of mild hypertension. It became apparent that there were clear differences between individual patients with similar degrees of hypertension and these have important implications for decisions about treatment¹.

The risks associated with no intervention in mild hypertension are very high as the condition is virtually asymptomatic and can continue for 10-20 years before detrimental effects, such as cardiovascular disease, are noted. The rationale behind prompt initiation of therapy is to allay the problems associated with later years. Morbidity and mortality in hypertension may be significantly improved by



The twin hypertensive evils of obesity and alcohol

Commonly used antihypertensive drugs

DRUG TYPE	ACTIONS and USES	EXAMPLES
Thiazides	Inhibit sodium reabsorption in the distal convoluted tubule. In low doses they are effective in reducing blood pressure (and hypokalaemia is avoided); higher doses are used in heart failure. Contra-indicated in diabetics due to antagonism of hypoglycaemics. Administered in the morning to minimise life style disruption	Bendrofluazide Chlorthalidone Metolazone Xipamide Indapamide
Beta-blockers	Block the peripheral adrenoceptors, and reduce cardiac output. Their use is not recommended in diabetics or those with obstructive airways disease (especially if it is not cardio-selective in action). Often used in combination with thiazides	Propranolol Acebutalol Atenolol Betaxolol Metoprolol Labetalol
ACE-inhibitors	Prevent conversion of angiotensin I to II. Potent in action, hypotension can be experienced on initiation of therapy. Often used when beta-blockers and thiazides have failed or are contra-indicated, eg. diabetics. A common side-effect is the captopril-cough	Captopril Enalapril Fosinopril Lisinopril
Calcium channel blockers	Reduce myocardial infarction and depress the formation and propagation of electrical impulses by blocking the calcium ions moving across membranes and act on peripheral channels or directly on the myocardium	Nifedipine Verapamil Diltiazem

Continued from piv

equally important determinants of the individual's outcome.

These include:

- increasing age
- male gender
- previous cardiovascular events
- target organ damage (eg left ventricular hypertrophy or renal disease)
- smoking
- obesity
- lack of exercise.

It is said that the presence of one or more of these factors may be more of an important determinant of risk than a small increase in blood pressure¹.

An earlier report into the treatment of hypertension, published in 1989 by the British Hypertension Society working party, also accepts that treating moderate or severe hypertension improves the prognosis².

Investigations and assessments

The report from the BHS working party indicates a five-point criteria for identifying high-risk patients with mild blood pressure and thus the rationale for starting any therapy³.

These include:

- the level of blood pressure
- the age and sex of the patient
- the presence or absence of co-existing risk factors for cardiovascular disease
- whether or not the patient has target organ damage at the time of observation.

At least 5 per cent of middle-aged and elderly individuals have sustained hypertension which confers an increased risk of cardiovascular complications. Effective management of these patients will virtually abolish hypertensive heart and renal failure, and will reduce the incidence of stroke by 40 per cent and coronary events by about 14 per cent.

A few patients have an identifiable cause of high blood pressure and, occasionally, correction of this leads to cure of the hypertension.

Uncomplicated hypertension causes no symptoms and can be detected only by routine screening, which should be performed every five years in adults. Identification or exclusion of an underlying cause is the main reason for the clinical examination of a hypertensive patient.

Special efforts should be

made to identify the underlying cause in children and adolescents presenting with hypertension.

Treatment

Randomised controlled trials have shown that in patients with mild hypertension lowering of blood pressure with anti-hypertensive drugs decreases morbidity and mortality from cardiovascular disease¹. The goal of treatment is seen to be the maximum tolerated reduction in blood pressure.

Several non-pharmacological interventions are recommended in primary prevention of hypertension and other cardiovascular disease⁴. This form of treatment can be regarded as preventative as well as curative. The aim is to reduce blood pressure or to reduce cardiovascular risk and should be employed by all subjects regardless of their need for antihypertensive drugs.

• Weight reduction

This is the most effective means of reducing blood pressure. For each 1kg of weight loss there is an associated blood pressure reduction of an average of 2.5-1.5 mm Hg.

• Moderate sodium restriction

A sodium restriction of 160 mmol/day to 80 mmol/day, achieved by avoiding adding salt to food and eating heavily salted foodstuffs, has a modest effect; the mean arterial pressure falls by about 6 mm Hg. Sodium restriction is more effective the higher the initial blood pressure and in elderly patients.

Unfortunately, it has least benefit in those with borderline or mild hypertension and this is the group that may require changes in life style to minimise the chances of a worsening prognosis over a lengthened period of time.

• Alcohol reduction

A regular alcohol consumption of 3 units/day or more is associated with elevated blood pressure, and is an important cause of hypertension in men in Westernised societies. About 13 per cent of men using alcohol at this level will have hypertension attributable to alcohol. In hypertensive men who use alcohol regularly, the hypertension will be alcohol-related in about 25 per cent of cases. Reduction of alcohol intake lowers blood

Continued on piv

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. **Mouthwash** and **Dental Gel** containing 0.2% w/v chlorhexidine gluconate. **Mouthwash**. A clear pink solution containing 0.2% w/v chlorhexidine gluconate. **Dental Gel**. A clear colourless gel containing 0.2% w/v chlorhexidine gluconate. **PRESENTATION** *Spray and Mint Mouthwash*. A clear pink solution containing 0.2% w/v chlorhexidine gluconate. **Dental Gel**. A clear colourless gel containing 0.2% w/v chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** *Spray*: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. *Mouthwash and Mint Mouthwash*: Rinse mouth with 10ml twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. *Dental Gel*: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** A known hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This may be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Transient taste disturbances, burning sensation on the tongue and lips may occur after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** 'Corsodyl' *Spray* (PL0079/0311) 60 ml (OP) £3.08 'Corsodyl' *Mouthwash* (PL0079/0312) 300 ml (OP) £1.38 'Corsodyl' *Mint Mouthwash* (PL0079/0312) 300 ml (OP) £1.38 'Corsodyl' *Gel* (PL0079/0314) 50g (OP) £0.91 'Corsodyl' is a trademark. **Legal Category P**. **Legal Category P**. **Legal Category P**.



You rely on Corsodyl for the treatment of gingivitis, so it's all the more important that patients complete the clinically proven one month course of treatment. To ensure that they do, recommend two bottles of Corsodyl mouthwash for patients with gingivitis.

Rinsing with 10ml twice daily (not only for gingivitis but also gingival healing following surgery and mouth ulcers too) makes sure that patients get the full Corsodyl touch and that's enough to sink gingivitis without trace.

I see no gingivitis

(I recommend 600mls Corsodyl Mouthwash)

CORSODYL

0.2% w/v chlorhexidine gluconate

GIVE GINGIVITIS THE MEDICINE IT DESERVES – two bottles of Corsodyl

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Continued from p11

pressure by a modest amount.

● **Regular exercise**

Exercise may lower blood pressure and deserves consideration in individual cases. Any moderate exercise may also be effective, eg 40 minutes' brisk walking three times a week.

● **Garlic**

The use of natural products to treat and aid chronic conditions has increased in recent years. A recent paper published a meta-analysis of the effect of garlic on blood pressure which suggests that "garlic powder may be of some clinical use in subjects with mild hypertension. However, there is still insufficient evidence to recommend it as a routine clinical therapy".

Indications for drug therapy

Prognosis is influenced by therapy, and may be influenced by particular drugs, as it is evident that the better the control of blood pressure, the better the outcome.

Patients with accelerated hypertension, or moderate to severe hypertension with evidence of impending complications, such as left ventricular failure or cerebral transient ischaemic attacks, should be treated as a matter of urgency.

Uncomplicated patients with a diastolic pressure greater than or equal to 110 mm Hg or with a systolic pressure greater than or equal to 200 mm Hg at presentation, should be treated if these levels are confirmed on three consecutive visits at short intervals (eg weekly).

Most patients present with uncomplicated mild hypertension (ie diastolic pressure of 90-109 mm Hg and a systolic pressure less than 200 mm Hg) and no evidence of end-organ damage or vascular complications. Treatment should begin when the average reading over the previous four months is a diastolic pressure of 100 mm Hg or higher, and a systolic pressure of 160 mm Hg or higher, despite non-pharmacological treatment.

If the diastolic pressure averages 90-99 mm Hg, treatment is indicated only if there is:

- end-organ damage (eg left ventricular hypertrophy, renal impairment, previous stroke)
- the patient has diabetes
- the systolic pressure averages greater than or equal to 160 mm Hg
- the patient is elderly.

Individuals with a diastolic pressure of 90-99 mm Hg who do not have the above conditions are at low risk of hypertensive complications and stand to benefit little from treatment. However, long-term blood pressure monitoring should be continued.

Elderly patients

The treatment of older patients with hypertension and association with benefits of

stroke prevention have been confirmed in the elderly population. The elderly are more susceptible to adverse effects of drugs, particularly postural hypotension and/or sodium retention, and doses may therefore need to be adjusted. Data from clinical trials support the notion that at least some forms of hypertension in the elderly should be treated".

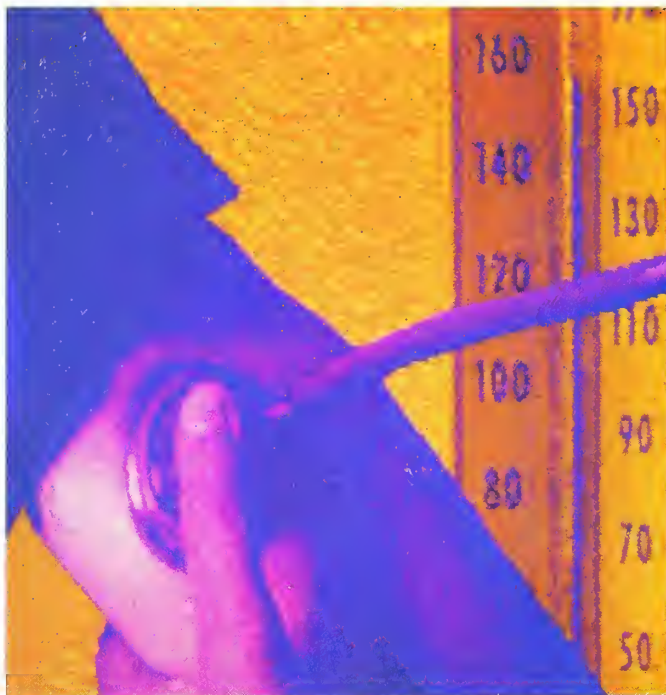
The proliferation of new pharmaceutical agents on the market has stimulated the tendency to treat at least 40 per cent of elderly persons with some form of antihypertensive medication.

There are some questions to ask when deciding on a suitable therapy: does the benefit of the therapy outweigh the risks of the actual treatment and do the risks increase with

angina. Treatment regimes should be simple, with doses given once or, at most, twice daily.

Only 40 per cent of all patients, even those with mild hypertension, are controlled by the single-drug classes and most will therefore need two or more drugs. In moderate or severe hypertension, step-wise addition of drugs is the safest and most certain method of attaining control.

In hypertension arising from pregnancy, diuretics are usually avoided because they may exacerbate hypovolaemia if eclampsia occurs. Adverse effects to the foetus are rare but, theoretically, beta-blockers can cause foetal bradycardia. Complications of hypertension such as encephalopathy and retinopathy occur in children in much lower doses than in



advancing age?

When all risk factors are taken into account, an increased level of systolic blood pressure is the single greatest risk factor (other than age) for increased cardiovascular disease in this population".

Choice of drug

All classes of antihypertensive drug are broadly equivalent in terms of efficacy, simplicity and tolerability, and are considered suitable for first-line use (see table). The choice should be tailored to the individual patient.

The first-line treatment in patients with uncomplicated hypertension is generally thought to be diuretics and beta-blockers. These drugs have been found to reduce risk of stroke in hypertensive patients".

In a few patients, the choice will be dictated by specific contra-indications or for positive reasons. For example, diuretics and ACE inhibitors should be preferred in individuals with heart failure, and beta-blockers and calcium channel blockers to those with

adults, so blood pressure should be very carefully monitored.

Other drugs

Many other drugs provide a reduction in blood pressure that may seem theoretically beneficial in a hypertensive patient. The use of centrally-acting agents such as methyl dopa and hydralazine is now much reduced, and is reserved for patients resistant to other treatment.

Vasodilators, such as minoxidil, are also limited in their use and kept exclusively for men as an adverse effect is hirsutism.

Diuretics that are valuable in the treatment of hypertension include the loop diuretics, which inhibit resorption from the Loop of Henle in the renal tubules, but there may be an associated risk of hypokalaemia with their use.

Patient and pharmacist

Most trials have simply counted the total number of adverse effects reported, without

attempting to describe the impact on the patient: emotionally or psychologically.

There is concern that medication may be given with no further thought of its effect upon the patient or their family, and this may bring about reasons for treatment failure and non-adherence to medicine regimes.

The community pharmacist is in an ideal position to encourage patient education and can help by advising and educating the patient on non-drug therapy, such as stopping smoking and losing weight.

Pharmacists can explain the benefits versus the risks of treatment, and monitor therapy with patient records. Many pharmacies now offer the service of measuring blood pressure, which, if undertaken while communicating with the patient's GP, can increase the pharmacist's role as a healthcare provider.

The pharmacist can identify groups of hypertensive patients requiring close attention such as diabetics, asthmatics, the elderly and pregnant. Most patients feel well in themselves and have a reluctance to take on life-long treatment unless given adequate information about their medicines.

The pharmacist can emphasise to the otherwise healthy individual that only minimal restrictions are needed, and that the purpose of treatment (pharmacological and non-pharmacological) is simply to prevent worsening illness in future years.

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The good food guide

Food can have a profound effect on a drug's pharmacokinetic and pharmacodynamic profile. Gail S McPherson MSc MRPharmS, district clinical tutor for Brighton Health Care NHS Trust, explains the importance of being empty

One of the questions that pharmacy staff are frequently asked by patients is the optimal time to ingest their medicines and how this should relate to their daily meal times.

Although pharmacists are legally required to issue Patient Information Leaflets (PILs) with medicines in original packs and to dispense prescriptions with supplementary labels which recommend taking the drug before, with or after food, these instructions often require further clarification. It is therefore important that we are aware of the physicochemical and physiological factors that may affect a drug's pharmacokinetic and pharmacodynamic profile.

Food intake exerts a complex influence on the action of drugs and different foods can have both positive and negative effects on drug efficacy. Furthermore, it is not always possible to predict these effects due to a lack of research in this field.

Oral absorption

Bioavailability is defined as the fraction of a drug administered that reaches the systemic circulation.

Oral bioavailability is affected by the pharmaceutical properties of the drug, such as particle size and crystallisation, as well as physiological factors influencing absorption.

Most drugs are absorbed from the gut by simple diffusion although a few specialised mechanisms do exist.

• Facilitated diffusion

A few highly fat-soluble drugs, such as griseofulvin, are absorbed from the gastrointestinal tract with long chain fatty acids and cholesterol. The absorption of such drugs will be facilitated if administered with a meal, particularly one with a high fat content.

• Active transport

This describes the utilisation of energy to convey a drug across a cell, often against a concentration gradient. This mechanism is specific for the transport of natural substances such as sugars, vitamins and amino acids.

Only drugs that are structurally similar to these compounds will be absorbed in this way. Levodopa and methyl dopa are absorbed by the active transport system specific for amino acids.

Rate factors

The rate of gastrointestinal absorption and overall bioavailability of drugs is affected by numerous factors, all of which may be influenced to a greater or lesser extent by food.



The first to consider is the effect of pH of gastrointestinal contents. Drugs which are absorbed by passive diffusion only cross mucosal membranes if they are in the unionised form; the percentage of drug unionised is determined by both the acidity of a drug and its environment.

Acidity varies throughout the gastrointestinal tract (table 1). At a low pH, as occurs in the stomach, acidic drugs will be well absorbed. Conversely, basic drugs will be ionised and hence

not absorbed (table 2). In addition, some drugs are chemically unstable at a low pH and so relatively inactive when administered orally.

Enteric coating of tablets has been employed as a technique to protect acid-labile compounds from disintegration in the stomach, as well as to protect the gastric mucosa from irritant drugs. The success of this method of drug delivery is highly dependent on maintaining the gastric contents at a low pH, which may be affected by food.

The second is the surface area available for absorption: the small intestine has a surface area of approximately 200sq metres and is the principal region for absorption. The absorbing area of the stomach is small in comparison and consequently, even when the physicochemical characteristics of a drug would favour gastric absorption, the majority will occur in the small intestine.

The third important influence is drug dissolution. Generally, the rate of absorption is proportional to the rate of drug dissolution. It is mainly affected by pharmaceutical formulation, but the volume of gastrointestinal contents is also important. The concentrations of dissolved drug will be greatest if taken on an empty stomach.

The fourth factor is transit time: generally passage through the small intestine takes two to four hours, but the time taken to pass through the stomach fluctuates greatly. As has been previously discussed, most drug absorption occurs in the small intestine, therefore factors which affect the time taken to reach this site and the duration of contact there will significantly affect bioavailability.

Drugs taken with a meal will be emptied from the stomach slowly and therefore reach the intestine later than if they had been taken on an empty stomach. After eating, the pyloric sphincter acts as a sieve, allowing only particles smaller than 7mm to enter the duodenum. This continues until the stomach is empty.

In addition, strong muscular contractions known as the "housekeeper wave", occur every two hours throughout the length of the gastrointestinal tract. They are responsible for clearing any undigested material. Food inhibits this mechanism and this can result in large preparations being retained in the stomach for prolonged periods. This effect can be critical in determining the efficacy of drugs.

Continued on pvi

Table 1: pH ranges in the gastrointestinal tract

Oral cavity	6.2-7.2
Stomach	1.0-3.0
Duodenum	4.8-6.2
Jejunum	7.6-8.0
Colon	7.0-7.5

Table 2: Examples of acidic and basic drugs

Acidic	Basic
Aspirin	Quinine
Fruzemide	Diazepam
Warfarin	
Phenobarbitone	

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BRITANNIA HEALTH PRODUCTS LIMITED FORUM HOUSE, BRIGHTON ROAD, REDHILL, SURREY RH1 6YS

Continued from pvi

A number of specific drug interactions with food have been attributed to reduced gastric emptying time. The efficacy of aspirin, dextropropoxyphene, isoniazid and mercaptopurine are known to be affected by gastric emptying. However, it is important to note that although the bioavailability of aspirin is reduced by food, it should always be taken on a full stomach to avoid gastric irritation.

Controlled release formulations should minimise this problem, as well as reduce dosage frequency, but it is still recognised as a common cause of treatment failure.

Nutrient specific

• Tetracyclines

Administration of tetracyclines with dairy products can reduce serum concentrations by 50-80 per cent¹. This interaction is well established and is caused by the drug combining with polyvalent ions to form insoluble complexes.

• Bisphosphonates

Etidronate and clodronate undergo a similar type of reaction to tetracyclines, whereby forming complexes with polyvalent ions in food hinders their absorption. Manufacturers recommend that food be avoided for two hours before and after drug ingestion.

• Monoamine oxidase inhibitors

A potentially life threatening hypertensive crisis can occur

when these antidepressant drugs are administered with foods or beverages containing tyramine². Monoamine oxidase inhibitors prevent the inactivation of tyramine by monoamine oxidase, which results in exaggerated noradrenaline release and hypertension.

The reaction characteristically occurs within two hours of ingesting tyramine containing foods (figure 1). All patients prescribed these drugs should receive dietary counselling and a patient information card that should be carried at all times. It includes information on diet, as well as warnings about taking other medicines.

• Tricyclic antidepressants

It has been reported that high-fibre diets can negate the beneficial effects of at least two tricyclic antidepressant drugs³. The mechanism of this reaction has not been elucidated, but it is thought that the increasing popularity of these diets could lead to this type of interaction becoming more frequently reported.

• Isoniazid

There is an established interaction between the antitubercular drug, isoniazid, and food that results in depressed bioavailability. The mechanism of this reaction is uncertain, but it is possibly caused by delayed gastric emptying.

Isoniazid also interacts with foods such as cheese and fish, to cause a flushing reaction which can be accompanied by headache, vomiting, tachycardia and difficulty in breathing^{4,5}.

• Warfarin

Warfarin acts as an anticoagulant by inhibiting clotting factors dependent on vitamin K. Many variables can alter a patient's response to warfarin, including the ingestion of vegetables rich in vitamin K (table 3). Avocados have also been reported to reduce warfarin efficacy⁶ despite having a low vitamin K content. One hypothesis is that avocados enhance warfarin metabolism via the induction of liver enzymes. The effects of warfarin should also be closely monitored in patients receiving enteral feeding as it has been shown that concurrent feeding by this method can cause warfarin resistance⁷.

• Phenytoin

Although enteral feeding administered via a nasogastric tube has been reported to reduce the absorption of

phenytoin suspension, the interaction is erratic and cannot be predicted^{8,9}. The interaction mechanism has not been elucidated.

• Antihypertensives

Food intake has been shown to enhance the bioavailability of the following antihypertensive agents: propranolol, metoprolol, potassium canrenoate, hydralazine and hydrochlorothiazide¹⁰. A more specific drug/nutrient interaction occurs with nifedipine and felodipine with grapefruit juice¹¹ whereby concurrent administration results in elevated plasma concentrations of the antihypertensive agents. It has been suggested that this interaction occurs owing to inhibition of hepatic enzymes, but further research would be required to confirm this.

• Disulfiram

Although alcohol is not normally considered to be a nutrient, its interaction with disulfiram merits attention. Alcohol is rapidly metabolised in the body to acetaldehyde which is broken down into carbon dioxide and water. The metabolism of acetaldehyde is inhibited by disulfiram and its accumulation causes flushing, tachycardia, hypertension and vomiting.

Disulfiram is used therapeutically to deter patients with alcohol problems from drinking. A similar reaction has been described in patients taking alcohol who have been prescribed metronidazole, chlorpropamide or chloral hydrate^{12,16}.

Positive reactions

Administering drugs with food occasionally enhances bioavailability. This may occur by several mechanisms:

- griseofulvin is absorbed with lipids, therefore its bioavailability will increase if taken with a fatty meal
- the increased absorption of carbamazepine has been attributed to food induced bile secretion that improves drug dissolution¹⁷
- nitrofurantoin is formulated as a macro-crystalline presentation and delayed gastric emptying probably augments absorption by aiding drug dissolution¹⁸
- the reasons for morphine's increased bioavailability when given in conjunction with food are unknown¹⁹

The major reason for recommending drug ingestion with food is to avoid gastric irritation. Drugs which are particularly irritant include non-steroidal anti-inflammatory drugs, iron preparations, gold and potassium salts.

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TREATMENT CARD

Carry this card with you at all times. Show it to any doctor who may treat you other than the doctor who prescribed this medicine, and to your dentist if you require dental treatment

INSTRUCTIONS TO PATIENTS

Please read carefully

While taking this medicine and for 14 days after your treatment finishes you must observe the following simple instructions:-

1. Do not eat CHEESE, PICKLED HERRING OR BROAD BEAN PODS
2. Do not eat or drink BOVRIL, OXO, MARMITE or ANY SIMILAR MEAT OR YEAST EXTRACT.
3. Eat only FRESH foods and avoid food that you suspect could be stale or 'going off'. This is especially important with meat, fish, poultry or offal. Avoid game
4. Do not take any other MEDICINES (including tablets, capsules, nose drops, inhalations or suppositories) whether purchased by you or previously prescribed by your doctor, without first consulting your doctor or your pharmacist
NB Treatment for coughs and colds, pain relievers, tonics and laxatives are medicines
5. Avoid alcoholic drinks

Keep a careful note of any food or drink that disagrees with you, avoid it and tell your doctor. Report any unusual or severe symptoms to your doctor and follow any other advice given by him.

MAOI Prepared by The Pharmaceutical Society and the British Medical Association on behalf of the Health Departments of the United Kingdom

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Table 3: vitamin K content of some vegetables (mcg per 100g)

Turnip green	650
Broccoli	200
Lettuce	129
Cabbage	125
Spinach	89
Green beans	14
Potatoes	3

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Private charges investigation support

May I offer the fullest support and encouragement in your work investigating private prescription charges.

It is vital that some guidance is given with regard to fees, to discourage qualified professionals who are apparently prepared to work for nothing.

The Royal Pharmaceutical Society has let us down in this matter, thank you for your effort.

Keith Seston
Havant, Hants

Odrik order leaves bad odour

I would like to make my personal "wooden spoon" award to Roussel (the first was to Glaxo by the Pharmacy Support Group).

Having had great difficulty in deciphering a badly hand-written prescription for a generic, we finally traced it as "Odrik" (a Viking sea captain from a French company?).

Neither of our wholesalers stocked it ("no demand"). My next step was to contact

Roussel. "You must ask your wholesaler to order it for you," I was told, "otherwise there will be a carriage charge of £10."

It then transpired that there would be a charge in any case. They justified this as "next-day delivery charge" by the carriers — I gave in and ordered the item direct.

It did not arrive on the next day, but on the following one — a tiny package that could have been put in a Jiffy bag and posted for 25p, and which would have arrived next day.

I have claimed the £10 as out-of-pocket expenses — a completely unnecessary charge on the NHS, due to the unbelievable inefficiency of a major pharmaceutical company.

Gwen Yarham
Coulson, Surrey

Remarks better left unsaid

In *Chemist & Druggist* May 14, p816, you reported my comments regarding the outcome of market testing at the Prescription Pricing Authority.

These remarks were purely speculative and intended to illustrate a possible outcome. They are not to be taken as

predictive and, with hindsight, would have been better left unstated.

Gordon Geddes
Assistant secretary, PSNC

Another source of medical travel advice

We read with interest your *Holiday Travel* supplement to *C&D* May 21, 1994, outlining "Advice and where to get it" for travel advice.

However, you failed to mention the Merieux Vaccination Information Service (VIS). This is a telephone information line for members of the medical profession which gives unbiased, up-to-date and scientific advice on all aspects of immunisation, not only travel but childhood and adult immunisation as well.

Our sources of information are the UK guidelines contained in "Immunisation against infectious disease" plus a direct link to the World Health Organisation. Information links also come from Communicable Disease Centres in the UK, USA and Australia.

Thirteen part-time vaccine advisors handle approximately 600 calls per day and with over

110,000 calls taken in 1993 I think we deserve a mention! Our direct line number is 0628 773737.

Amanda Bryett
Head of medical information,
Merieux UK Ltd



Lara Buckle, assistant at Bishopmill Pharmacy, Elgin, is a recent winner of the Marion Merrell Dow student of the month award on completing the National Pharmaceutical Association's assistants' training course. She is seen receiving her course certificate from Alan Cruickshank, NPA Board member for Scotland. Lara also received a £20 gift voucher and award certificate, courtesy of Marion Merrell Dow

Adalat retard switches to a new pack size

Until now, Adalat retard 20mg has come in packs of 100 which, with the usual twice-daily dosage, are enough for 50 days.

This pack size, however, is not particularly 'user-friendly'. A period of 4 weeks is much nearer to the way a calendar works and can therefore be more naturally incorporated into a patient's routine.

For the benefit of patients we have changed the pack to give patients a 4-week supply. The new pack of 56 Adalat retard tablets comes in 4 strips of 14.

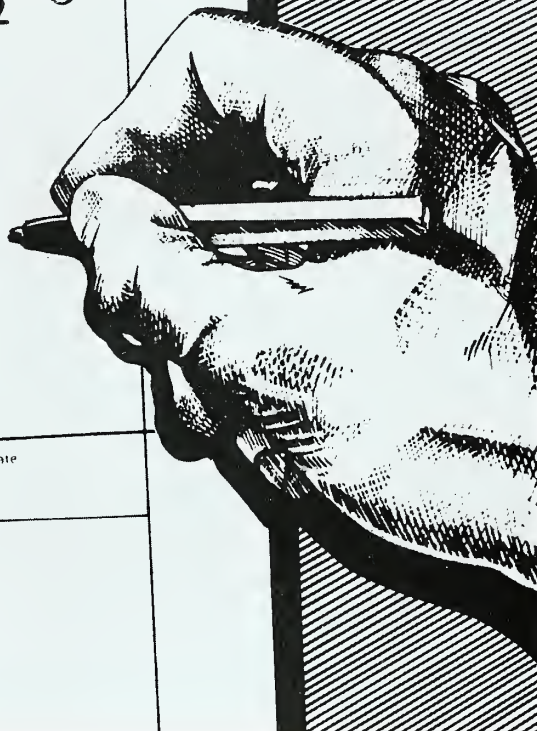
This new Adalat retard pack was introduced at the start of June, and it has been brought to our attention that some confusion has arisen due to the similarity of the new Adalat retard 20mg pack to the existing Adalat retard 10 (10mg) pack.

Accordingly, to aid pharmacists, we are taking immediate action to change the design of the new pack so that it can be clearly and quickly differentiated from Adalat retard 10.



Bayer PLC
Pharmaceutical Business Group, Bayer House,
Strawberry Hill, Newbury, Berkshire, RG13 1JA
Tel: 0635 39000

12 years		Initials and one full forename	
Address			
Pharmacy Stamp			
Pharmacist's pack and quantity endorsement	No. of days treatment	NP	Pricing Office use only
	NB Ensure dose is stated		
Tetracycline 250mg BD x 3/12			
Signature of Doctor			Date



that is reason enough to act. Remember, there may also be spots on the chest and shoulders. A symptomatic approach is essential.

2. You would normally expect maximum improvement after three to four months. Resistance and cross-resistance is becoming more common and probably accounts for some, but not all, treatment failure. However, it may be necessary to persist with a tetracycline: specialists now recommend that antibiotics are not switched because serial use may promote resistance. If there's been an improvement since treatment started, it's obviously worth continuing even if some spots persist. Check on compliance. An increase in dose might help. If there has been no improvement, withdrawal of treatment should be considered now: it should definitely be withdrawn if there is no improvement after six months.

3. Cleansing agents (keratolytics and abrasives) reduce the bacterial population on the skin and peel off the superficial layer. Some people are deterred by the reddening some agents cause at first, so check this isn't preventing regular use. If it is, build up to full use slowly to minimise these effects. Benzoyl peroxide stings if it gets in the eyes or on sensitive skin. It may cause sensitisation — redness and soreness after sustained use — and should then be discontinued. It will also discolour clothes.

4. The need for other treatments depends on a medical judgment about the severity of acne (the girl's feelings influence, but don't determine, treatment options). Alternatives include azelaic acid and, with special advice on contraception, topical retinoids. Severe refractory acne — evidently not the case here — might justify oral isotretinoin or cyproterone acetate.

5. No: it's a myth that chocolate or fatty foods promote acne.

6. The best option is to check compliance, counsel and refer the patient back to her GP.

As a teenage girl hands you this prescription, she asks whether there's anything that works better. She's been taking this for acne for three months and — well, just look at all these spots, they're gross and so embarrassing, and all the boys hate her. The spots and red pimples sprinkled on her forehead, cheeks and chin don't seem that bad to you. Her mother says she ought to stop eating chocolate and chips. What do you think?



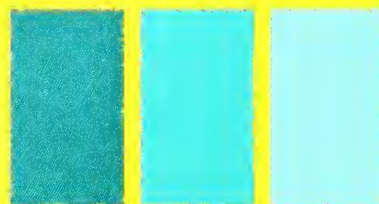
1. Is this script necessary if the spots don't look that bad?
2. Would you expect treatment

to have worked by now, or is it time to change the antibiotic?
3. She should be using cleansing agents, too — what practical problems might deter her?
4. Do you think alternative treatments should be tried — what is the choice?
5. Is there a need to avoid chocolate and chips?
6. What action would you take in this case?



1. If the spots look bad to her, and if they are causing problems, say dermatologists,

1 25x6+3=



support you can count on

Sara Lee - driving growth in bath additives

The Sara Lee philosophy to fuel the bath and shower market through commitment and innovation has never been more evident than in Summer 1994. The leading force in bath and shower additives the world over is turning its attention once again to driving this £238.2m* market even further forward with a dramatic series of hard hitting product developments for Radox, Badedas and Matey - all designed to increase sales to existing and new users



The total relaunch of brand leader Radox Herbal Bath sets in motion the most significant period of activity to date from the number one manufacturer of bath and shower products.

Bath liquids currently represent a £12.3m* market for pharmacies and drugstores with Radox Herbal Bath taking an unsurpassed 7 per cent* share. Redesigned to maximise the heritage and authority of the Radox brand while stressing its link with therapy, this June new Radox

Herbal Bath stormed onto shelf with new formulations, colours, fragrances and an evolutionary new look.

Now featuring seven benefit-segmented variants, Radox Herbal Bath continues to offer unrivalled relaxation with the message to consumers that after a hard day, there's nothing quite like a Radox Herbal Bath to unknot those aching muscles and unwind the mind. With significantly increased shelf impact and a line-up offering consumers products with real benefits, the new range comprises:

● **Traditional** (original herbal

relaxation)

● **Revitalising** (relaxation plus refreshment)

● **Soothing** (calming, helps relieve tension)

● **Moisturising** (relaxation plus natural moisturiser)

● **Sensitive** (relaxation for sensitive skin)

● **Vapour Bath** (relaxation with Eucalyptus for a decongestant)

● **Foaming Oil** (relaxation for dry skin).

Giving pharmacists the tool to substantially build their bath liquid sales, new Radox Herbal Bath successfully retains its mass market position while

offering consumers even better value for money and pharmacists profitable cash margins.

Invigorating news

At the same time, Radox Showerfresh takes another pioneering step in growing the shower gel category with the launch of two new 2-in-1 products making it the UK's first mass market brand to enter this dynamic sector. With 2-in-1s already showing enormous growth, with sales up 250 per cent ** year on year and the skin care sector showing an impressive 52 per cent ** increase, new Dual Shower and Body Lotion and Dual Shower and Body Scrub offer a "classic combination" of shower gel and body lotion and an innovative deep cleansing shower gel with exfoliant, respectively. With Radox Showerfresh already claiming the top selling shower gel variants on a cash rate of sale 'CROS'*** basis and an 8.6 per cent* share of pharmacy sales, the creation of a new sub range is destined to entice new and existing users into the brand.

Poised to develop the growing £6.1m* shower gel category even further for pharmacists, the new variants extend the Radox Showerfresh portfolio to eight benefit segmented

variants, all featuring the unique "easy-to-use", non-drip cap. Packaged in lilac and peach colourways, the new 200ml sub-range presents retailers with an extremely attractive cash margin through its premium price platform.

Things are happening....

As the number one premium brand, Badedas is perfectly positioned to capitalise on the growth of the 2-in-1 and skin care sectors and from July offers a unique proposition to consumers also seeking the Badedas

cent * share, Matey is taking a dramatic step into the premium "fun" sector with the July launch of its first licensed character Sonic the Hedgehog. Unrivalled in the functional sector, Matey's new addition takes licensed characters a stage further with a bubble bath that's not only high on play value with an 'attitude' that kids will love, but which also offers the unique mild and gentle bubble bath formula mums can trust.

Sonic already packs a punch as the number one Sega computer game character with his own TV show and, with independent

holographic labels to really bring the characters to life, maximising both on-shelf impact and fun appeal to children. With their unique product offerings, the three new Matey variants command premium pricing and therefore provide a high cash margin destined to significantly boost pharmacists' sales of children's products.

Heavyweight support

Committed to ensuring these dramatic developments really drive sales for pharmacists, Sara Lee are investing heavily in TV support. Radox Herbal Bath and Radox Showerfresh have already benefited from a £4.5m Spring advertising campaign, while August will mark Matey's return to the

nation's screens for the first time in four years with a new creative promoting the core family of characters. With Christmas the peak time for Badedas sales, Sara Lee are also set to build on a year's campaign with a new execution for Winter 2000.

Sources:

* Nielsen Pharmacy/Drugstore M/A '94

** Nielsen

*** Nielsen Scantrack



quality guarantee with the launch of a luxurious, sensual new variant - Badedas 2-in-1 Shower & Body Lotion. This creamy, white lotion combines the luxury of a rich body lotion with a delicately fragranced shower creme and has a mild formulation which helps to maintain the skin's natural moisture balance thus helping to prevent it from drying out.

With packaging that enhances its premium values, new Badedas 2-in-1 comes in a 200ml pack with purple and white graphics featuring the Badedas gold logo to endorse quality. With a price point promising a high cash return, new Badedas 2-in-1 also renders retailers excellent scope to develop their sales of shower products at the premium end.

Super-Sonic!

After more than 30 years of dominating the £13m* children's bubble bath market with a current 26 per

cent share, Matey is taking a dramatic step into the premium "fun" sector with the July launch of its first licensed character Sonic the Hedgehog. Unrivalled in the functional sector, Matey's new addition takes licensed characters a stage further with a bubble bath that's not only high on play value with an 'attitude' that kids will love, but which also offers the unique mild and gentle bubble bath formula mums can trust.

Not content simply with the introduction of Sonic the Hedgehog, Sara Lee is also heralding a breakthrough for the brand and pioneering the development of a totally new market sector with the introduction of children's shower gels. With children of eight years now regularly showering, the new Matey shower variants - Sonic and Tails - open up a whole new area for pharmacy sales and are available in colourful 250 ml packs containing a safe Matey formulation. The new packs herald a first in innovative packaging within toiletries with the use of



Sanofi buy Sterling Winthrop's ethicals and shed European OTCs

Sanofi have bought Sterling Winthrop's ethical pharmaceutical business for \$1.68 billion in a move that will give them valuable access to global markets, especially the US.

To finance the deal, Sanofi are disposing of a number of their businesses, including selling their minority share in the European wing of Sterling Health to Eastman Kodak, Sterling Winthrop's parent company.

Sanofi's expansion now makes them one of the top 20 pharmaceutical players in the world with an additional \$1.2bn worth of sales added to their books. Ethical sales now top \$3bn, giving them a worldwide market share of 1.4 per cent and a European market share of 2.4 per cent.

Sanofi's spend was a logical progression from their previous strategic alliance with Sterling Winthrop, they say, and the object of setting up the alliance in the first place. And as Sanofi had first refusal in buying the ethical division, they had an obvious advantage against other interested players, including the German giant Bayer.

The Sanofi Winthrop Alliance was set up worldwide in January 1991, but not until January 1992 in the UK, and had already begun to bring together the two companies' ethical interests.

This latest deal will mean that

Sanofi will recover all rights to their products held by Sterling Winthrop as part of the Sanofi Winthrop Alliance. Sanofi will also be granted all Alliance-related rights to future profits derived from new products. Previously, these rights were equally distributed between Sanofi and Sterling Winthrop after the paying of royalties to the inventor.

It will also allow Sanofi to integrate Sterling Winthrop's R&D function into their own operations, taking on board a number of compounds at the research discovery stage, previously excluded from the Sanofi Winthrop Alliance.

The earliest fruits from Sterling Winthrop's research efforts are expected to be filed in 1995-6 and comprise two oncology

products (Mitoguazone and Crisnatol) and the severe head trauma drug Dismutec. Before then, three of Sanofi's own drugs will be filed with regulatory authorities: Tiludronate (for Paget's disease), CY 222 (an antithrombotic agent) and Adenosine (an arrhythmia drug).

Sanofi's UK payroll will increase by 950 now that two sites, previously under Sterling Winthrop's name, come under their wing. Staff at an R&D site at Alnwick and Sterling Organics, a pharmaceutical raw materials company in Dudley, now take Sanofi's workforce to 3,000.

To pay for the transition, Sanofi are selling their minority stake in Sterling Health, Sterling Winthrop's European OTC company, to Eastman Kodak for an undisclosed sum. Kodak will then

aggregate this business with their US and global OTC operations to sell off later this Summer (C&D May 7, p778).

Also part of Sanofi's money raising plan is the sale of their entire bio-activities division, which has interests as diverse as animal health and seeds.

Their perfumes and beauty division will also be reshuffled, just one year after Sanofi bought the Yves St Laurent perfume business in 1993. Details of which brands would be involved were not available at the time C&D went to Press.

As far as ordering ethical and OTC products from the companies are concerned, pharmacists are advised it is business as usual. All of the major changes regarding sales forces were made in January 1992.

Boots expand computerised staff planning

Boots hope to introduce a computerised staff planning system in all of their 1,200 stores after a successful pilot scheme launched last Autumn.

Not only will this free up time previously spent co-ordinating staff, it will allow supervisors to predict their staff needs at busy times, such as Christmas. And as the system will be linked to EPOS, staff can be allocated to the busiest parts of the store.

As well as providing information on an individual store basis, the data can be analysed by central management to plan recruitment.

Twelve stores took part in the pilot scheme, which was due to be expanded to 155 by the time C&D went to Press. That figure is due to jump to 590 by the end of the financial year (March), and to the whole of the Boots' chain by the end of the following year.

Coming Events

Wednesday, July 6

Dudley and Stourbridge Branch. RPSCB, car treasure hunt and buffet, at AAH car park, Stalligs Lane, Kingswinford, meet 6.30-7.30pm.

Advance information

International Chemistry Olympiad. Oslo, Norway, will test students on their knowledge of chemistry on **July 3-11**. Details from The Royal Society of Chemistry, tel: 071-437 8656.

Society of Medicines Research is holding a symposium, "Trends in medicinal chemistry", on **July 7** at Glenister Complex, Charing Cross and Westminster Hospital Medical School, London W6. Details from SMR Secretariat, tel: 071-581 8333.

British Homoeopathic Association is holding a weekend course on **July 9-10** on homoeopathy for pharmacists at the Marylebone Healing and Counselling Centre, in the crypt of St Marylebone Church, 17 Marylebone Road, London NW1. Further details from Enid Segall, tel: 071-935 2163.

Graver Boot Associates are holding their 14th Health Conference on **July 13** in London. Speaker: David Blunkett, MP. For details, contact Graver Boot Associates, tel: 0246 583440.

The Association of Local Pharmaceutical Committee Secretaries. Steering Committee's meeting for all LPC secretaries is on **July 17** at Birmingham Metropole Hotel, National Conference Centre, B'ham. **The British Institute of Regulatory Affairs'** meeting "Aiming High: Successful negotiation with licensing authorities" is on **July 21** at the Otlands Park Hotel, Weybridge, Surrey. Details on tel: 071-499 2797.

Tax-free life assurance

The Pharmaceutical & General Provident Society voted on Tuesday to amend its rules to allow the delayed introduction of tax-free life assurance policies in a form likely to satisfy the Registrar of Friendly Societies.

The P&GPS had hoped to introduce the tax exempt endowments before now and had amended its rules at an earlier annual meeting, but the Friendly Societies Act 1992, effective only early in 1994, has required a fresh vote at this year's AGM and a further approach to the Registrar.

Mrs Eileen Hill, assistant secretary at the P&GPS, says the new policies should be available to members by the year-end.

Daniels name stays

Daniels' name will be used for Lloyds' daily, full-line ethical wholesaling activities following their acquisition last month and the subsequent reorganisation of warehousing activities (C&D June 18, p1067). Barclay will provide a weekly delivery service, however.

Export Awards

Aromatherapy Products have been awarded a Certificate of Merit at the 25th Export Award For Smaller Businesses.

May retail sales

Poor weather and tax changes reduced month-on-month retail sales for May from 37 per cent to 9 per cent, according to the Retail Week/KPMG Peat Mar-

wick retail sales barometer. Customer flow remained unchanged, but year-on-year staffing was down 24 per cent.

Address change

Barker Nicholson have moved to 19 Margaret Street, London W1N 7LD. Tel: 071-580 6200. Fax: 071-580 6400.

Glaxo venture

Glaxo Holdings and Spectra Biomedical have set up a three-year collaborative research agreement into the genetics and therapeutics of migraine.

Zeneca in China

Zeneca Pharmaceuticals have invested \$20 million in setting up the first Sino-foreign pharmaceutical consulting company in China.

Vantage phone home

Pharmacists will be able to sell phonecards on a 10 per cent commission basis from July 15, thanks to a deal between Vantage and British Telecom.

An information pack on how to become a BT phonecard agent will be circulated with *Vantage News* to their members. BT will take orders (minimum £120, including VAT) direct from agents and will supply point of sale material.

Phonecards will offer agents additional business opportunities, claims Vantage, by attracting new customers into the pharmacy and encouraging them to buy other goods at the same time.

Reports show that over 20 million phonecards were used last year with phonecard payphones expected to double to around 40,000 by 1995.

Free security audit

Pharmacists can have a free security audit to assess how much money they lose from shoplifting.

Official estimates run as high as 20 per cent of profits lost this way — money that could be recouped by installing an efficient security system, say Sensormatic, who are offering the free audit.

One of their answers is Ultramax, a tagging security system, which can be leased (at an average of £25 per week) or bought by customers. The package includes installation of exit sensors, self-adhesive security tags (choice of three) and signage for the shop.

The system consists of small, tamper-proof security labels which staff attach to the goods. The tags are deactivated at the point of payment by scanning them across a magnetic panel.

BHI's OTCs main engine of Boots' growth for future

Two-year-old OTC medicines specialist Boots Healthcare International are set to be the main engine of growth for Boots well into the next century.

BHI aim to set up subsidiaries in each European market with portfolios of 20-50 products to attain the right critical mass, either by purchase of companies and/or products (for example, Marco Viti, Italy), or through organic growth.

The company estimates the European OTC and semi-ethical market combined will be worth £12 billion in 2000 — each sector was worth £4.6bn and £3.5bn respectively in 1993 with Germany (32 per cent), France (32), UK (12), and Italy (11), the top players.

BHI have four core OTC areas: eyecare, skin care, analgesics and cough & colds. These markets represented nearly 50 per cent of European OTC sales in 1993 — respectively 2, 11, 18 and 18 per cent.

The company says Strepsils is now a Euro-brand with just four pack types instead of the original 58 on the Continent.

BHI believe their Boots' pedigree of pharmacy retailing (2,000 licensed medicines), contract manufacturing, and OTC medicine sales and marketing experience, through Crookes Healthcare, makes them a highly suitable partner for companies with POMs that could become Ps. Two such products are under negotiation.

BHI say consolidation of the fragmented European OTC markets, companies and brands is inevitable. They claim a 1.6 per cent share and are in 12th place in the Euro league table with Rhone-Poulenc-Rorer (4.2 per cent), Roche-Nicholas (4.1) and Sterling-Sanofi (4.0) sitting in

first, second and third places.

When asked if BHI are bidding for the Sterling-Sanofi OTC business, Boots Company finance director David Thompson, head of BHI, said: "We'll look at anything if the price is right and if it is in line with our overall strategy."

Since becoming part of BHI, Crookes Healthcare have sold Asilone and lesser brands to Seton Healthcare. Farley's went to Heinz in May for £94 million, leaving it as a 20-brand company and no longer "number one in OTC healthcare".

Last year, BHI sales to Boots the Chemists were over £20m out of £155m overall, with Boots' contract manufacturing turnover split 60 per cent to BTC, 15 per cent BHI and 25 per cent other companies.

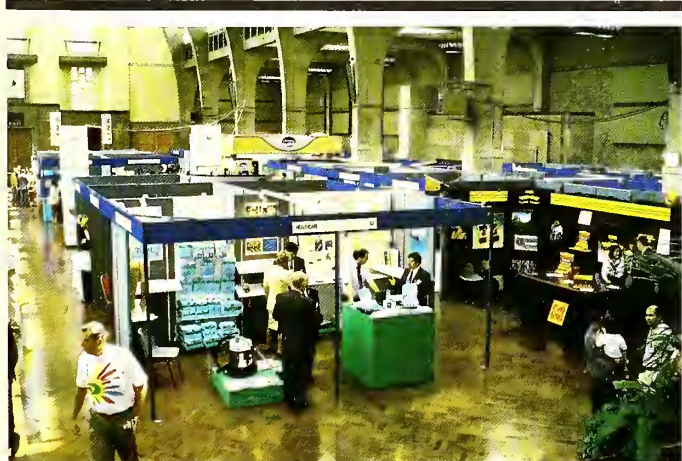
BHI reckon to spend 13 per cent of sales on new product development, with a new Nottingham R&D facility starting to come on-line.

BHI finance director David Stead says mature OTC products should deliver 15 per cent operating margin. Ten-year-old Nurofen tops the UK pharmacy analgesics market with a 19.1 per cent share and is "clearly into profit and performing well", with more line extensions planned to add to Junifen and Nurofen Cold & Flu.

BHI say they have re-organised, mature businesses in the UK (£54m sales), Holland (£10m), Belgium (£5m) and Eire (£3m). A 4 per cent share of the European OTC market would be worth £500m by the year 2000, the company says.



Finance director of the Boots Company David Thompson (centre) heads up Boots Healthcare International as a main board director, and is pictured with BHI managing director Barry Clare (right) and David Stead, BHI director of finance and information technology



An aerial view of AAH's first-ever central London trade show, held last Sunday at the Royal Horticultural Halls. Most exhibitors were buoyed by the quality of orders, rather than by the quantity placed. Sonic the Hedgehog and other computer fiends catered for the children

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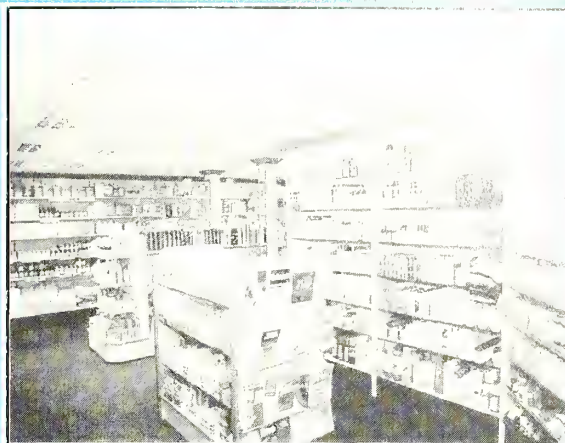


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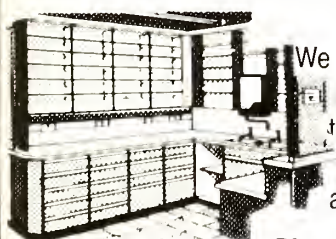
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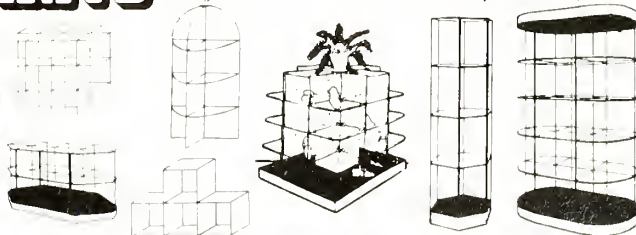
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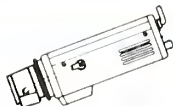
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Aboutpeople

Marathon task for Millar

Ayrshire community pharmacist Ian Millar successfully competed in the Scottish National Marathon Championship last month — racing into 17th place out of a field of 120 runners.

The race, round Loch Rannoch on a rare sunny Scottish day, marked Ian's return to form after a series of injuries.

Despite this, he thinks of what could have been. "I was very pleased, but if I'd only run three minutes faster, I would have been 10th." There's always next year, Ian!

Appointments

Mr D Bolton, primary care manager and formerly chief area pharmaceutical officer with Lothian Health Board, has been elected chairman of the RPSGB Scottish Executive. **Mrs E Roddick**, a community pharmacist from Glasgow, becomes vice chairman. Other pharmacists elected onto the Executive are Mrs P Duncan, Mr D Forbes, Mr I Johnstone, Mr J Richards, Mrs S Paterson and Miss A J Strath.

Pifco have appointed **John Smethurst** as sales director of their housewares division. In his new post he will be responsible for sales of Russell Hobbs, Salton and Tower brands.

Fun run could net £7,000



Knights' managing director, Nitin Sodha (right), with Simon Lane, first past the finishing post out of a field of nearly 200 adult runners

Sponsoring local events is a good way of gaining publicity as the Knights Chemist Group have discovered.

The company was honoured to be the main sponsor of a fun run held recently at Bromsgrove, Worcestershire, in aid of the Leukaemia Research Fund.

The event was well covered in the local Press, which had an extra, if unfortunate, angle to the story; part of the course for the children's event at Parkside Middle School was vandalised the night before the event when

guide pegs were ripped out of the ground.

Almost 200 adult runners and 250 children took part in the sixth of what has become an annual event. Knights' managing director, Mr Nitin Sodha, and others from the company joined the runners on the route through local country roads.

The organisers are hoping to raise more than the £7,000 the run raised last year. Mr Sodha says it was a privilege to support the event as part of the company's commitment to the community.

Society takes the credit

The Society's Scottish office at 36 York Place, Edinburgh, has been used as a location for the film "Latin for a Dark Room".

The script was written by the award-winning author Liz Lochhead, and it stars Siobahn Redmond and Neil Pearson.

The agreement with the film company includes an acknowledgement of the Society in the film's credits.

Kodak snap up kids

Kodak have launched a nationwide search for two children to appear in promotions for their new Kodak Gold film.

The "Kodak Kids" will be selected by a panel of celebrity judges at a final competition at Blackpool Tower in September, with the finalists coming through from five regional contests.

The boy and girl who win will appear in posters and other publicity material for Kodak Gold through 1995. They and their families will also get a holiday in Jamaica as part of a £15,000 prize package.

Parents who want to put their children forward for the Kodak competition can pick up an entry form at a Kodak Express outlet or in the *Daily Express* throughout July. For more details, ring Kodak on 0442 844228.



Lagap Pharmaceuticals representative Granville Ramsden (left) hands over two precious Wimbledon tennis tournament tickets to Stuart Preston of Falconsort Ltd, Failsworth, Manchester. Mr Preston won the tickets for this year's ladies' final in a Lagap prize draw



Vantage members Ron and Rosemary Shiels dream of the Kenyan safari they will be enjoying later this year. The couple, who run the Culloden Pharmacy in Inverness, won the 16-day holiday in AAH Pharmaceuticals' "Go Wild" promotion. Entrants had to order from six of the 22 suppliers in the promotion, identify a safari animal and write a tie-breaker slogan

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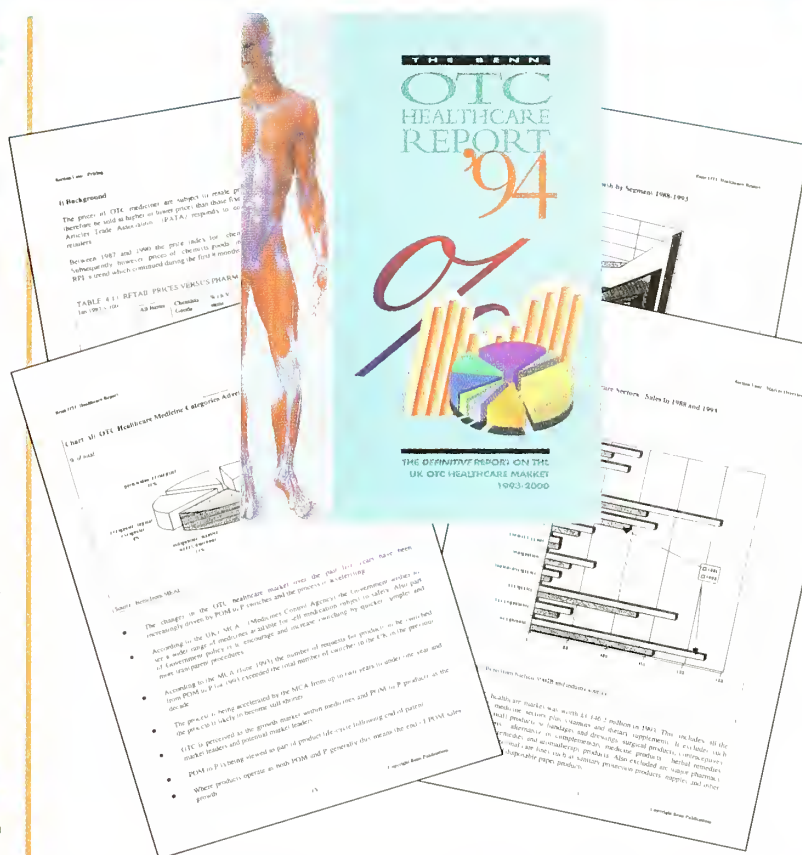
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